

2019

CITY OF ALEXANDRIA'S COMMUNITY HEALTH ASSESSMENT: COMPILED APPENDICES

PREPARED BY

**ALEXANDRIA HEALTH
DEPARTMENT**



alexandriava.gov/Health

APPENDICES

All appendices referenced in the CHA report are described below and are also available online at alexandriava.gov/Health.

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Appendix A: Community Engagement

Alexandria Health Department (AHD) worked with community partners and developed public meetings, pop-up events, and targeted outreach plans to engage residents who are not always represented. Below are the core strategies AHD used to capture a wide variety of community perspectives and priorities.

Community Health Assessment Steering Committee

The Steering Committee—comprised of community members—guided Alexandria's CHA focus, process, and decision-making. A full list of participants is in Figure A1. Through monthly meetings, the Steering Committee advised AHD staff on outreach strategies, public meeting structure, and how to prioritize data using equity as a primary lens. The Steering Committee also collected the “Alexandria Voices” quotes throughout the CHA report.

Figure A1. List of CHA Steering Committee Participants and Organizations

Last Name	First Name	Organization
Aguirre	Canek	Anthem HealthKeepers Plus
Diaz	Gaynelle	Alexandria Redevelopment and Housing Authority
Durham	Jim	Alexandria Bicycle and Pedestrian Advisory Committee
Flynn	Laurie	Partnership for a Healthier Alexandria
Gillette	Matthew	Theater Church
Haering	Stephen	Alexandria Health Department
Harbour	Ann	Inova Health System
Karczmarczyk	Diana	Partnership for a Healthier Alexandria
King	Jane	Alexandria Commission on Aging
Knops	Jane	Neighborhood Health
Lomax	Allen	Partnership for a Healthier Alexandria
Martello	Kendra	Alexandria Commission for Women
Martinez	Liz	Neighborhood Health
Mayhan	Jean	Medical Reserve Corps
Omer	Asma	Medical Reserve Corps
Rodgers	Tricia	Northern Virginia Health Foundation
Padilla	Sadie	Alexandria City Public Schools
Salgado	Marissa	Casa Chirilagua
Saroor	Nasreen	Medical Reserve Corps
Sumpter	Charles	Alexandria Commission on HIV/AIDS
Sweeney	Dan	Friends of Alexandria Mental Health Center
Talis	Natalie	Alexandria Health Department
Temple	Brandie	Alexandria Health Department
Terrell	Nechelle	Alexandria Health Department
Torre	Andrew	Alexandria Commission on HIV/AIDS
Whiteside	Sam	Motley Fool
Ziemann	Meg	Friends of Guest House

Public Meetings

AHD hosted four large community meetings to ensure transparency and engage community members in the CHA process. Meeting locations were selected deliberately for geographic diversity, proximity to public transit, and easy accessibility for those with limited mobility. AHD provided meals and interpreter services in Spanish, Arabic, and Amharic at all meetings. These public meetings were advertised through City of Alexandria media channels, local newspapers, Medical Reserve Corps volunteer flyer distribution, tabling at community events, and email outreach to various partners and other local government agencies.

- [Kickoff and Creating a Vision for Health](#)
 - April 26, 2018, First Baptist Church
- [Intro to Data Collection](#)
 - July 26, 2018, Oswald Durant Arts Center
- [Gathering Evidence and Examining Results](#)
 - November 3, 2018, George Washington Middle School
- [Building a Healthier Alexandria Together: Community Health Assessment Report Release](#)
 - June 26, 2019, Beth El Hebrew Congregation

PhotoVoice

PhotoVoice is a method to crowdsource information using pictures. AHD introduced the concept during the July 26, 2018 public meeting and asked attendees to submit photos that capture either what people are proud of in Alexandria or what could be improved. Participants were invited to submit up to five photos with captions through email or text message.

PhotoVoice participants submitted more than 70 pictures and captions. A subset of this group [met on August 9, 2018](#) to discuss the images and sort them into categories: equitable access to green space, accessibility in our food system, community cohesion, children and youth, environment, and mobility. A full gallery of the images are on Instagram [@AlexHealthMatters](#).

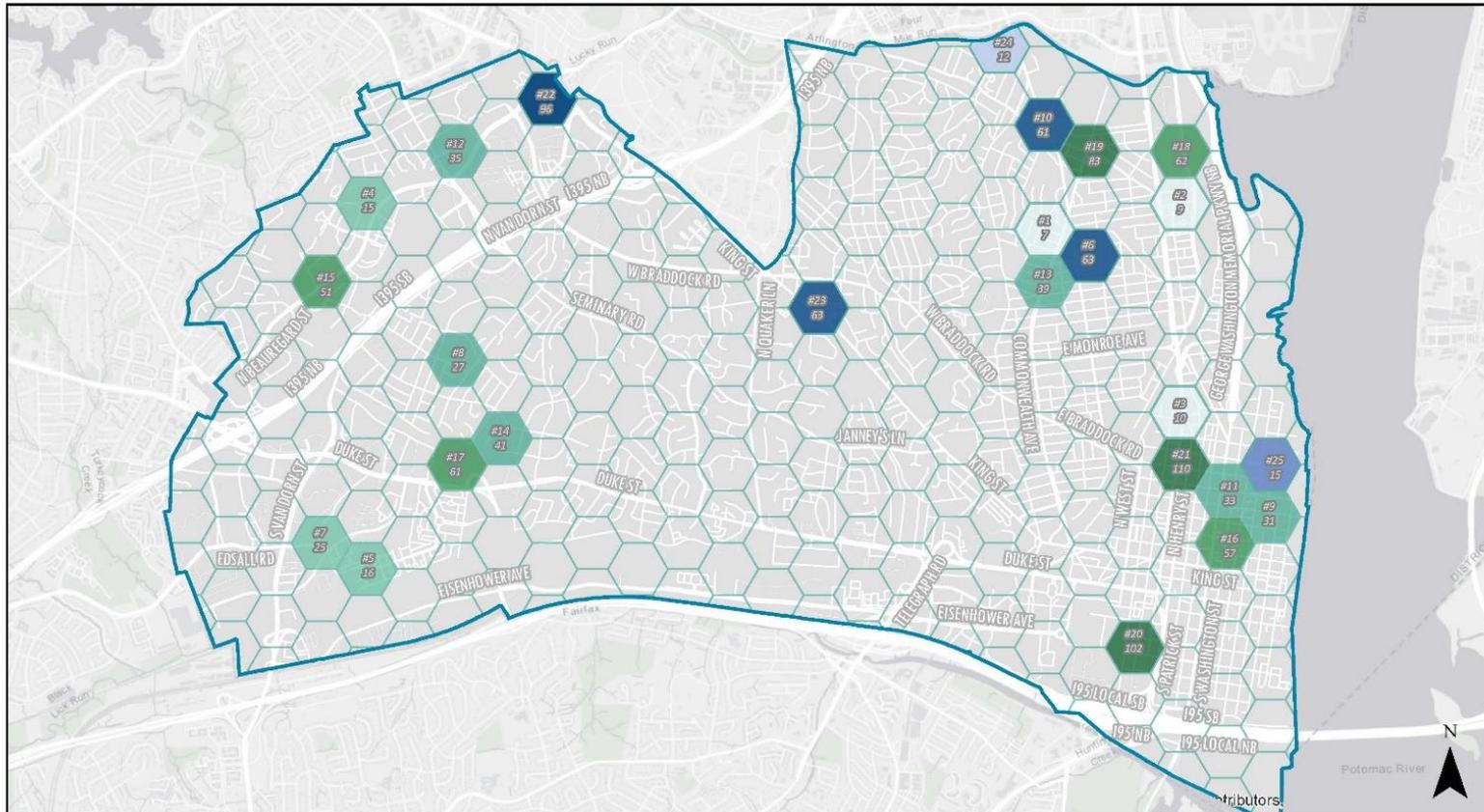
Public Health Pop-Ups

During the Community Themes and Strengths Assessment (CTSA) public survey, AHD staff organized 26 public health pop-ups to collect surveys and promote the November 3, 2018 community meeting. These pop-up locations were selected to meet residents where they are and encourage survey participation from community members who may not be fully engaged in civic processes because of time constraints, awareness, literacy, or language barriers. A combination of AHD employees and Medical Reserve Corps volunteers staffed all of the pop-ups, which were mostly held on evenings and weekends.

Of the nearly 1,800 completed CTSA surveys, almost half were collected during public health pop-ups.

In addition to the pop-ups, AHD staff also worked with a number of local organizations to administer and collect surveys on their premises on an ongoing basis. Figure A2 shows locations of pop-ups and partner organization survey collection.

Figure A2. Location of Pop Up and Community Partner Survey Collection



AHD Community Health Survey Collection										
Surveys Collected		Pop-Up Locations						Partner Survey Collection		
Pop-Up Locations		Number	Name	Surveys Collected	Number	Name	Surveys Collected	Number	Name	Surveys Collected
0		1	Alexandria Food Day	7	12	ALIVE! Food Distribution	35	6	DCHS	44
1 - 10		2	AHDC Community Garden	9	13	Duncan Library	39	10	Tenants and Workers United	28
11 - 25		3	Citizen Corps Council	10	14	St. Martin de Porres Senior Center	41	22	WIC Clinic	65
26 - 50		4	Global Food	15	15	William Ramsay Recreation Center	51	22	AHD Registration	26
51 - 75		5	Mediterranean Bakery	16	16	American Legion Post 24	15	22	Neighborhood Health Dental Clinic	5
76 - 110		6	First Thursdays in Del Ray	19	16	Barrett Library	42	23	Teen Wellness Center	63
Partner Locations		7	Fair Price Market	25	17	Beatley Library	61	24	Casa Chirilagua	12
1 - 12		8	Campagna Center	27	18	Petsmart	62	25	ARHA HQ	15
13 - 25		9	Annie B. Rose House	31	19	Leonard "Chick" Armstrong Recreation Center	35			
26 - 50		10	Food Star	33	19	Neighborhood Health - Health Fair	48			
51 - 75		11	St. Joseph's Catholic Church	33	20	Alexandria City Employee Work n' Well Field Day	102			
76 - 100		11	ARA School Board Forum	N/A	21	Community Baby Shower	10			
					21	STEAM Fest	52			
					21	Charles Houston Recreation Center	48			

Appendix B: Population Profile, City of Alexandria

Total Population

In 2017, the estimated population of the City of Alexandria was 154,700. Figure B1 shows the share of the population distributed by Census Tract. Between 2012 and 2017, Alexandria experienced a two percent average annual growth in population. Figure B2 shows how Alexandria's population changed from 2012 to 2017 by Census tract.

Figure B1. Share of Population by Census Tract, City of Alexandria (2017)

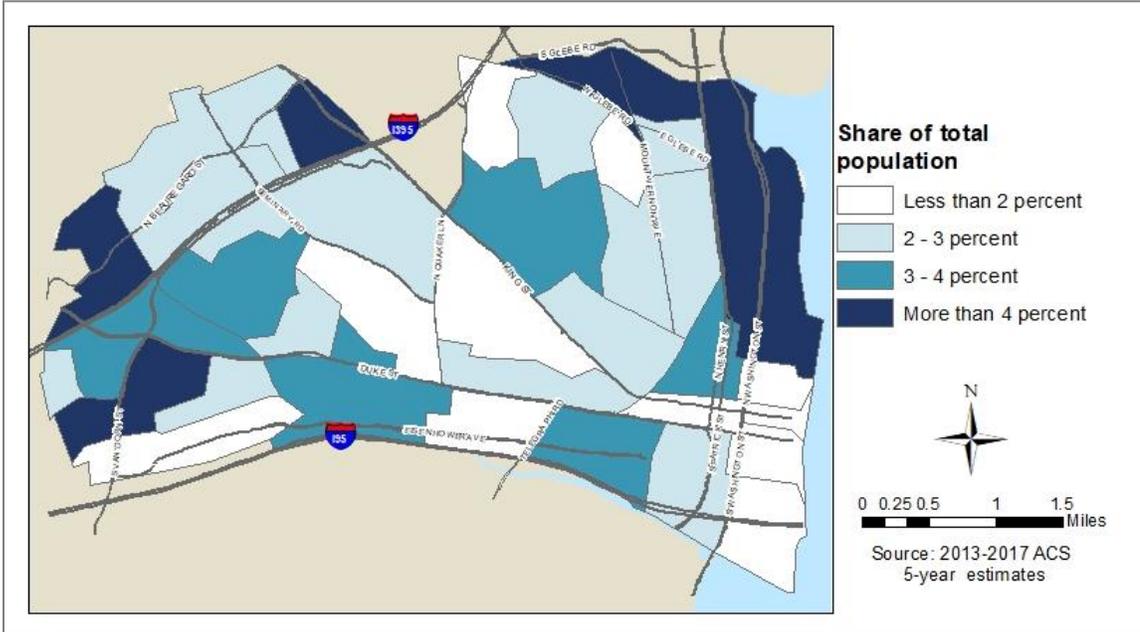
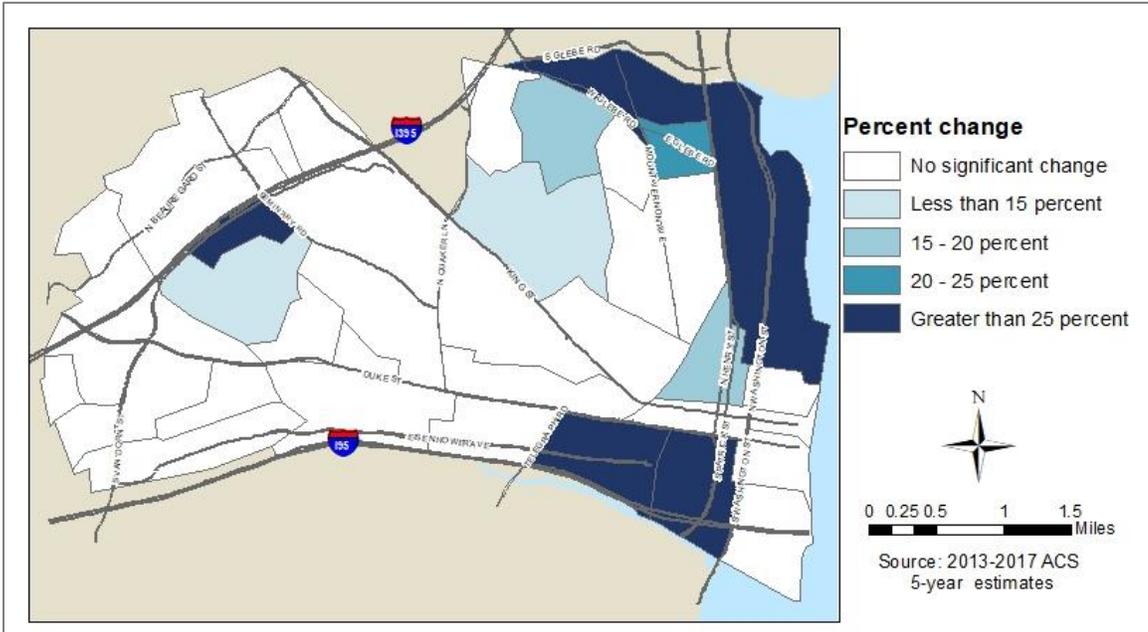


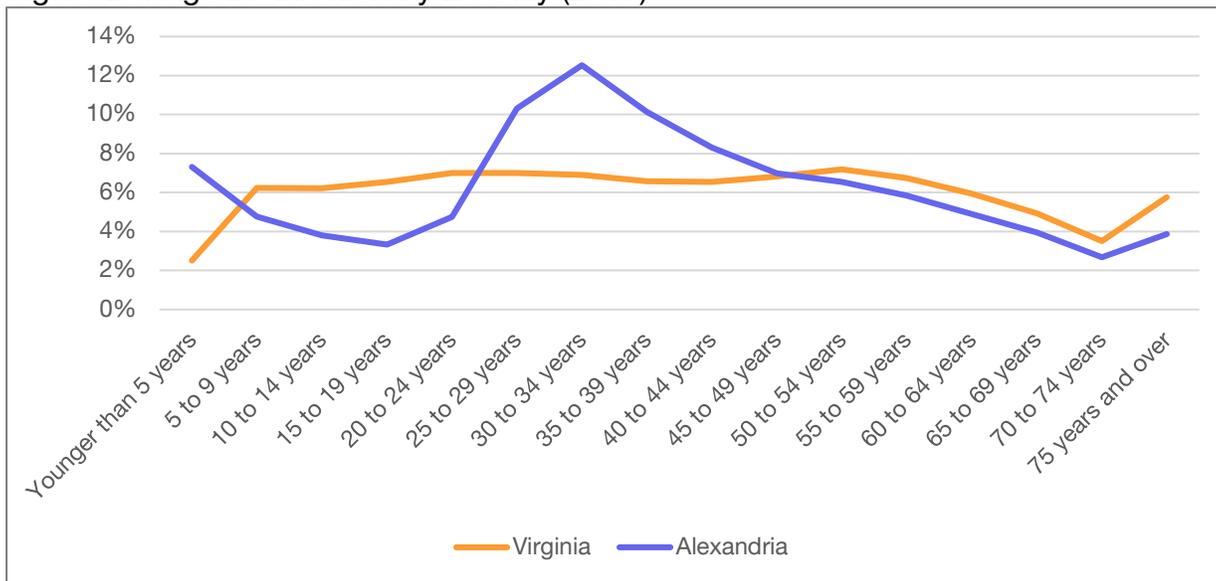
Figure B2. 2012 to 2017 Population change by Census Tract, City of Alexandria



Age

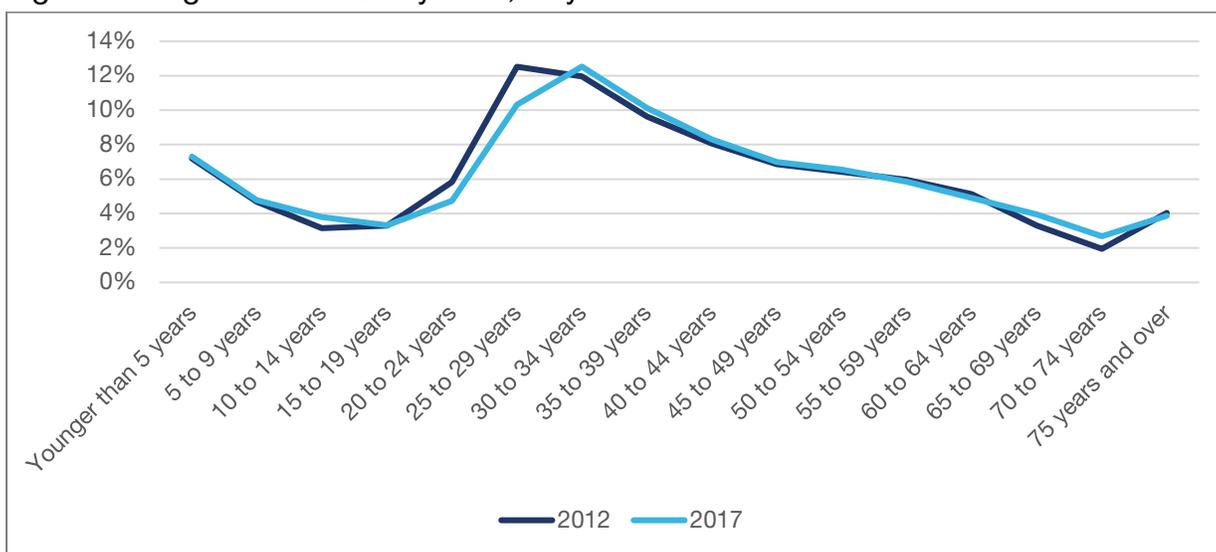
Alexandria’s median age is 36.4 years, compared to 38 years for Virginia (Figure B3). The median age in Alexandria increased by two percent from 2012 to 2017, and the proportion of residents 65–74 years old was larger in 2017 than in 2012 (Figure B4). Age distribution is similar between males and females in Alexandria (Figure B5). Overall, 52 percent of Alexandrians are female. A larger proportion of females 75 years and older is reflective of longer life expectancy among females. Figures B6 and B7 show the geographic distribution of Alexandria residents by age. The median age is younger in areas in the West End and Arlandria, and older in Old Town and Central Alexandria.

Figure B3. Age Distribution by Locality (2017)



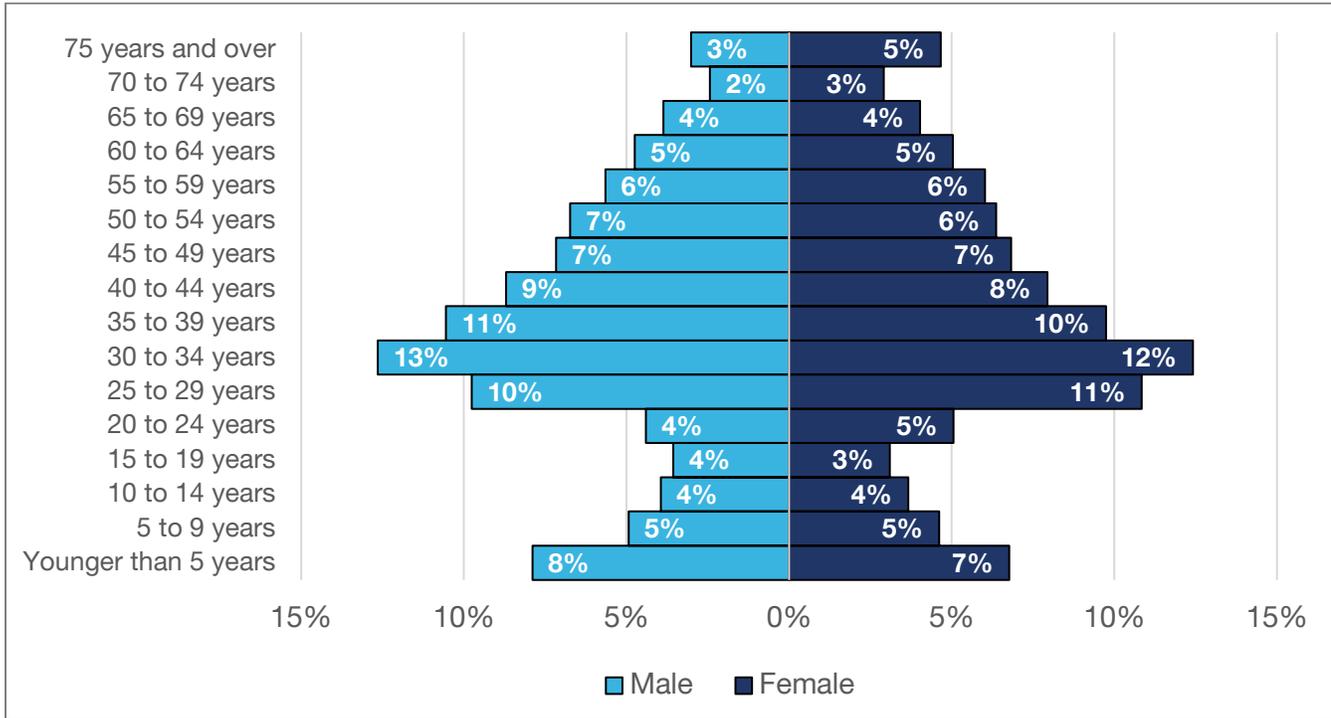
Source: 2013-2017 ACS 5-year estimates.

Figure B3. Age Distribution by Year, City of Alexandria



Source: 2008-2012 and 2013-2017 ACS 5-year estimates.

Figure B5. Age Distribution by Sex, City of Alexandria (2017)



Source: 2013-2017 ACS 5-year estimates.

Figure B6. Age Distribution by Census Tract, City of Alexandria (2017)

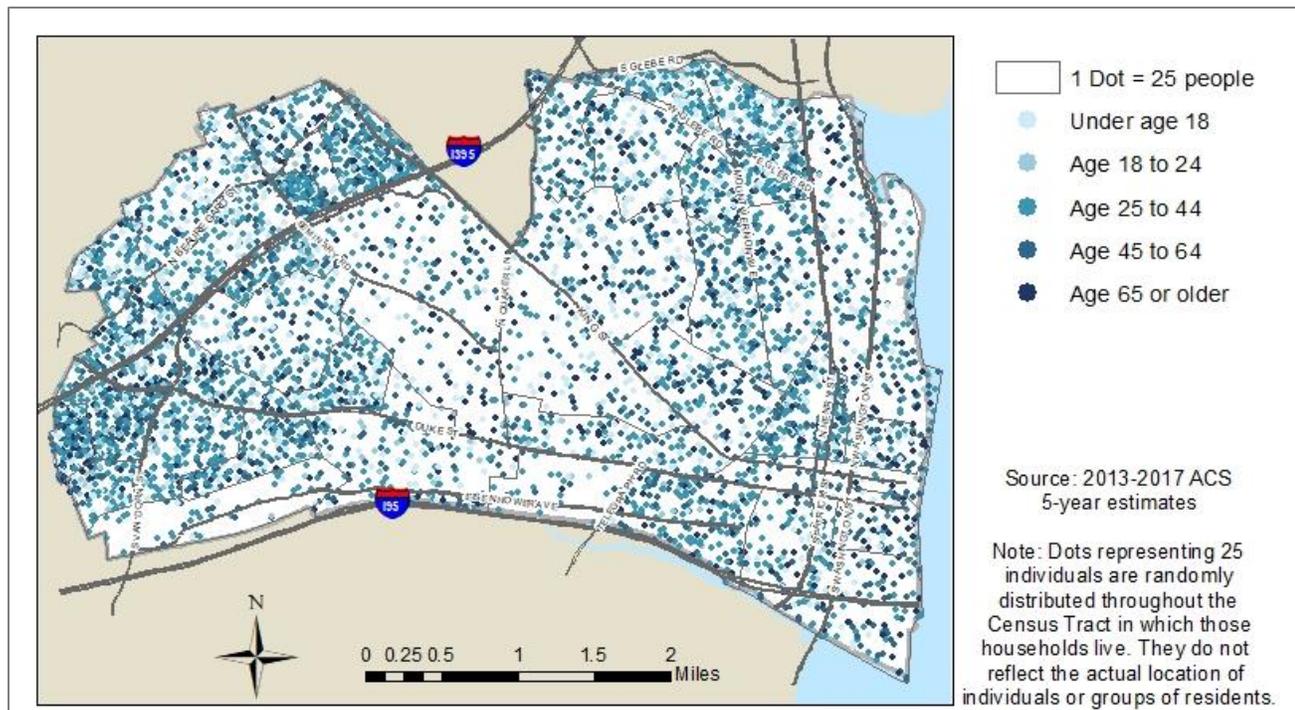
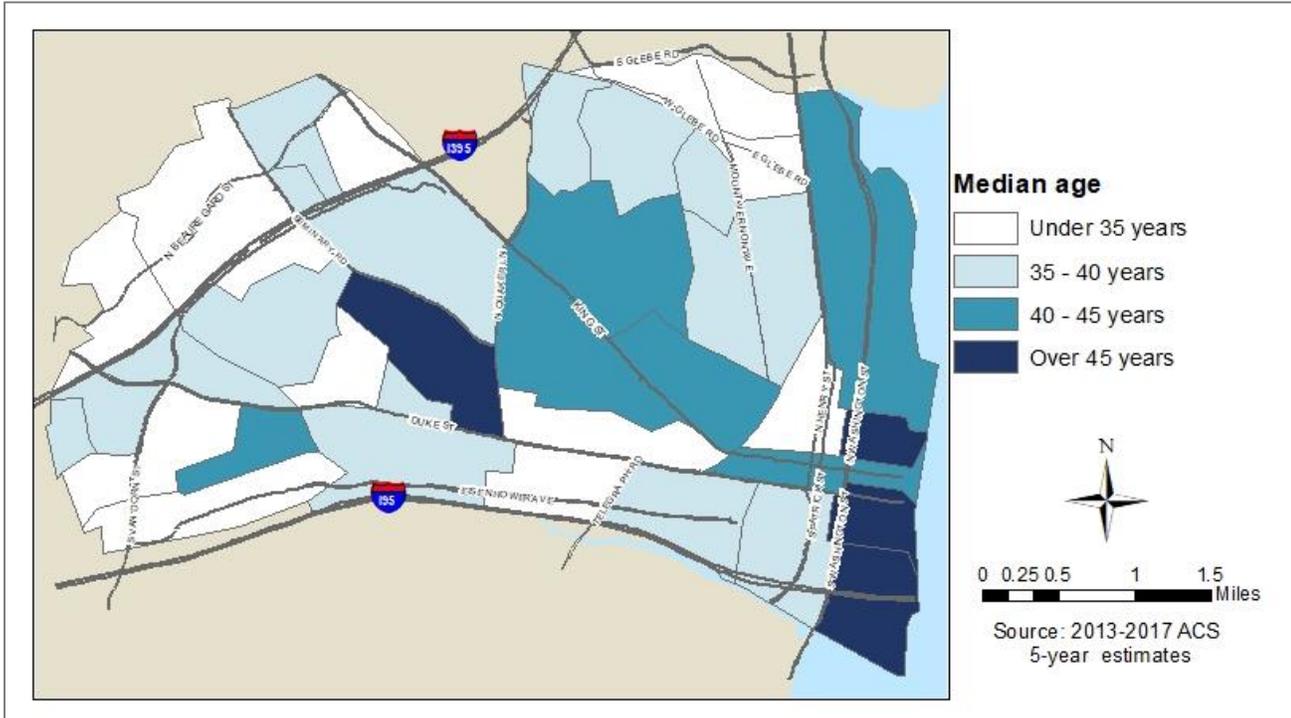


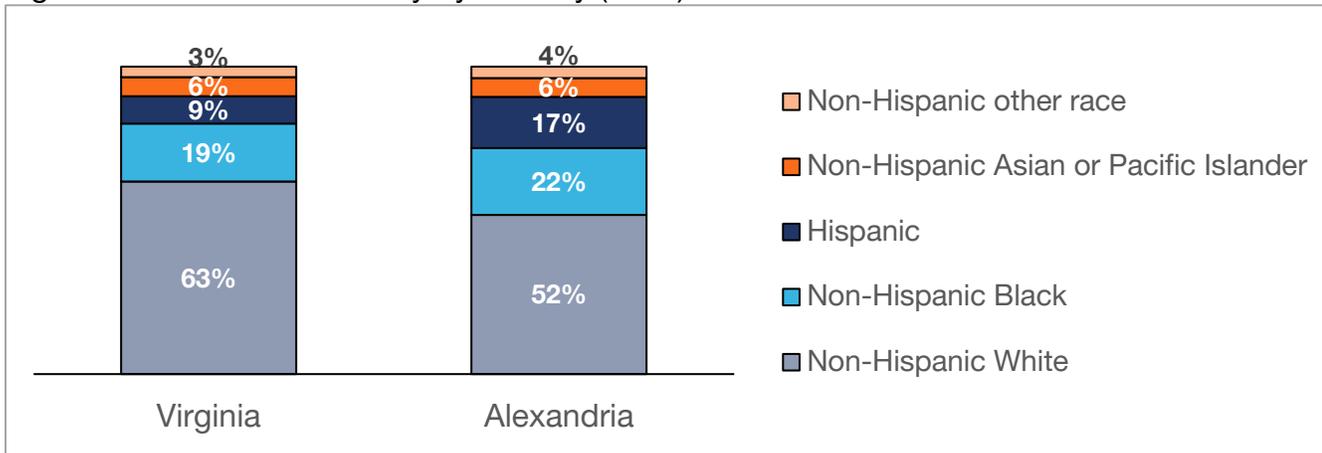
Figure B7. Median Age by Census Tract, City of Alexandria (2017)



Race and Ethnicity

Alexandria’s population is racially and ethnically diverse, and has a lower proportion of white, non-Hispanics than Virginia has overall (Figure B8). Figures B9 through B11 show the geographic distribution and density of Alexandrians by race and ethnicity over time. Black and African American residents make up a larger share of the population in the Landmark/Van Dorn area of the West End (Figure B12). Hispanic residents make up a larger share of the population in the neighborhoods of Arlandria and Beauregard in the West End (Figure B13).

Figure B8. Race and Ethnicity by Locality (2017)



Source: 2013-2017 ACS 5-year estimates.

Figure B9. Race and Ethnicity Distribution by Census Tract, City of Alexandria (2000)

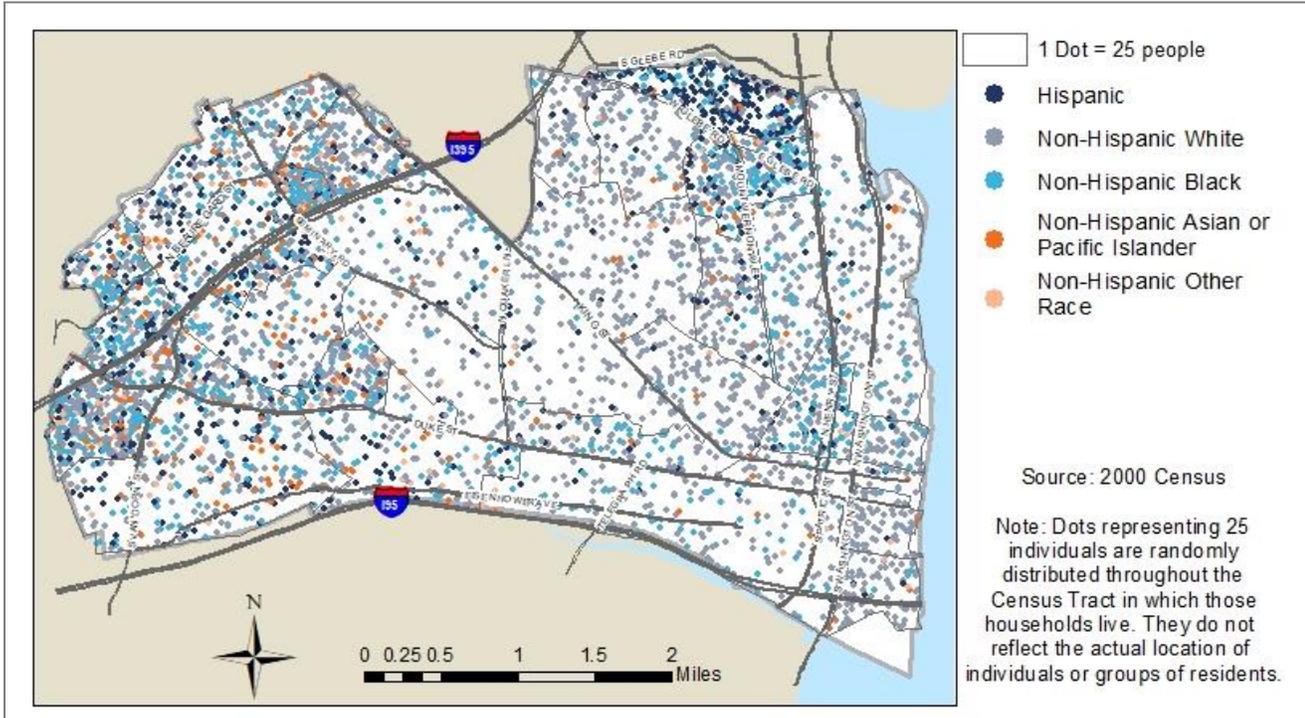


Figure B10. Race and Ethnicity Distribution by Census Tract, City of Alexandria (2010)

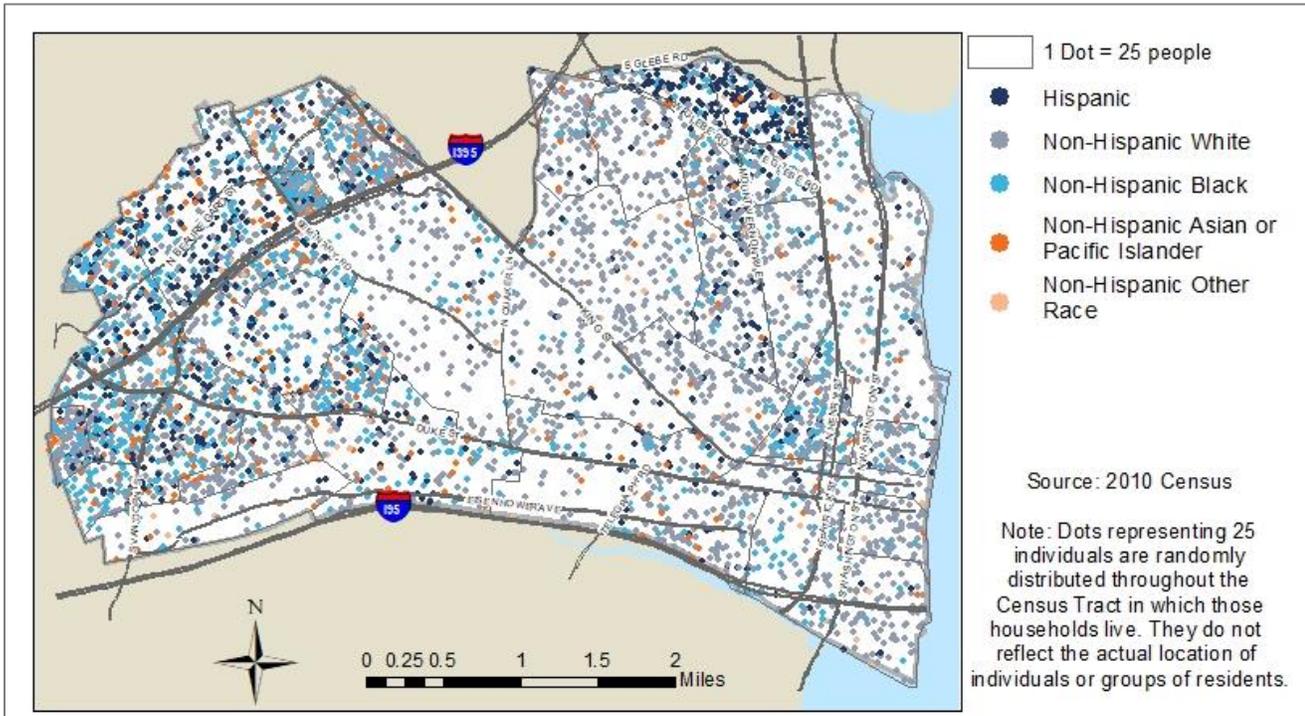


Figure B11. Race and Ethnicity Distribution by Census Tract, City of Alexandria (2017)

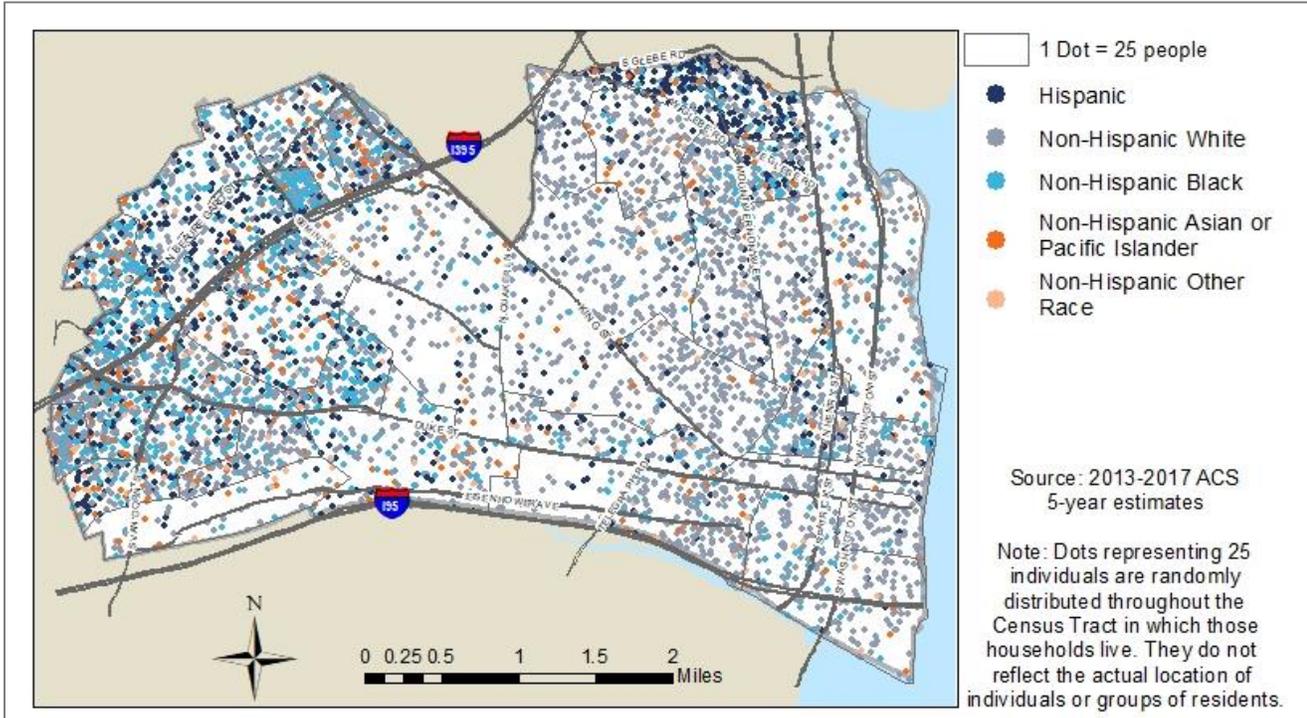


Figure B12. Share of Black or African American, non-Hispanic Residents by Census Tract, City of Alexandria (2017)

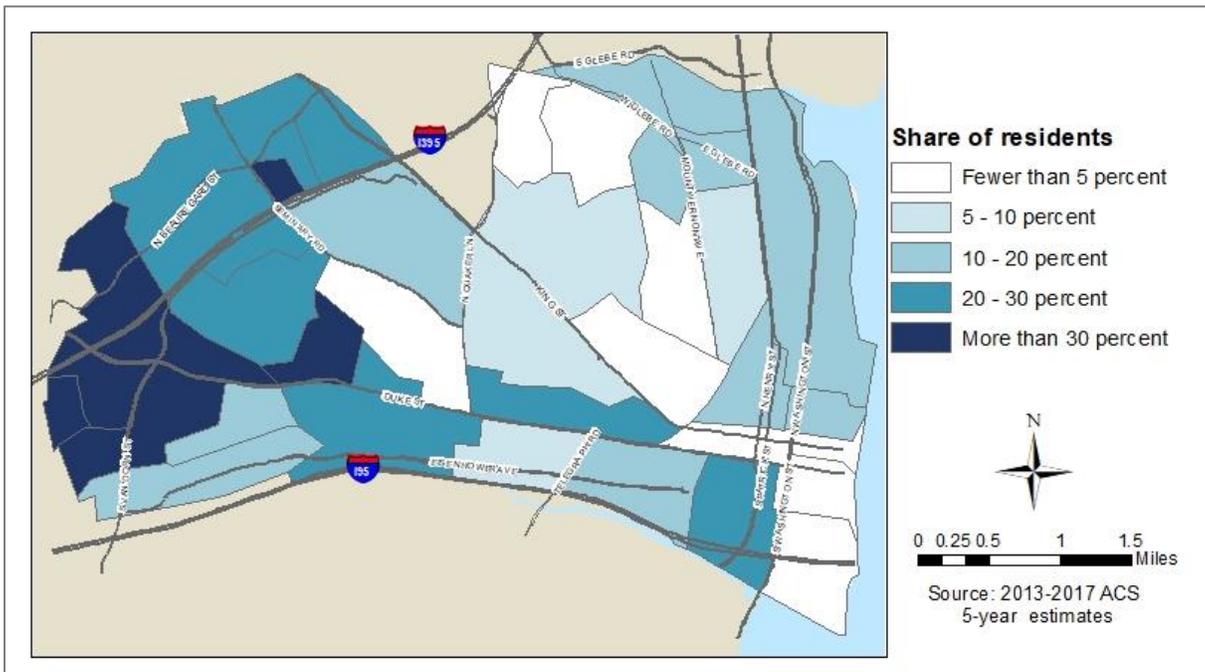
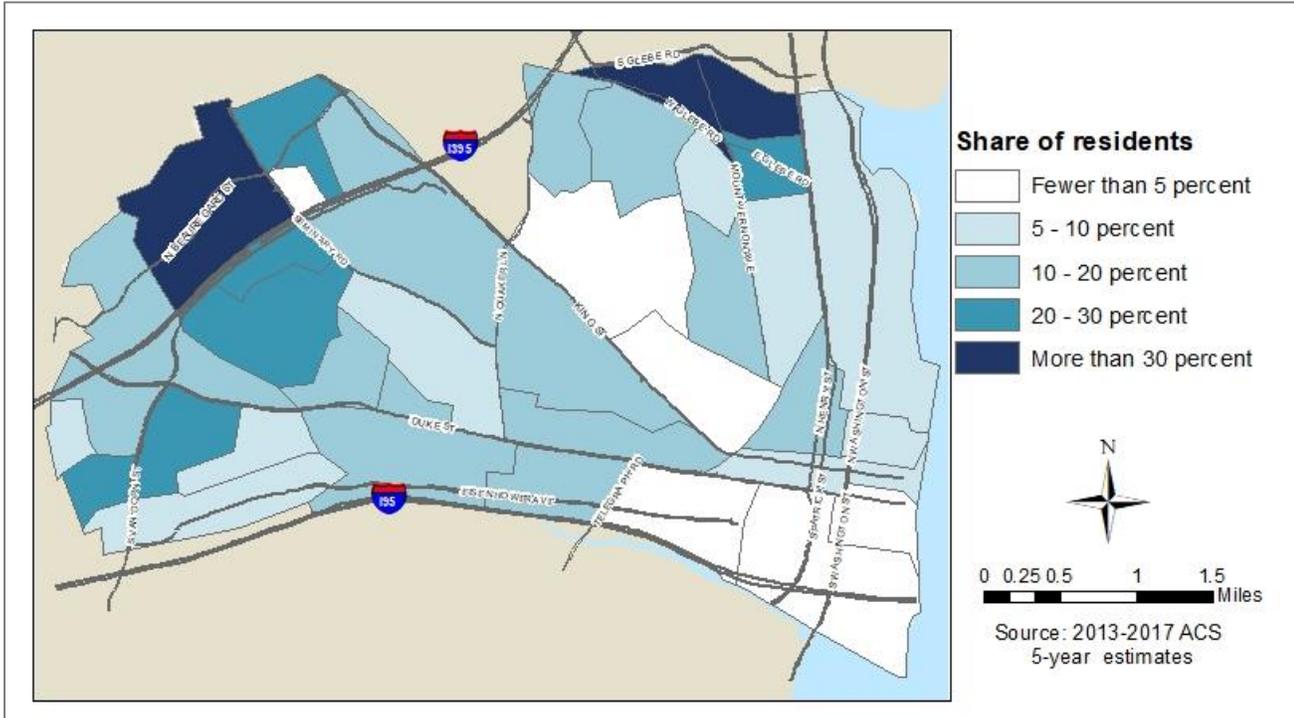


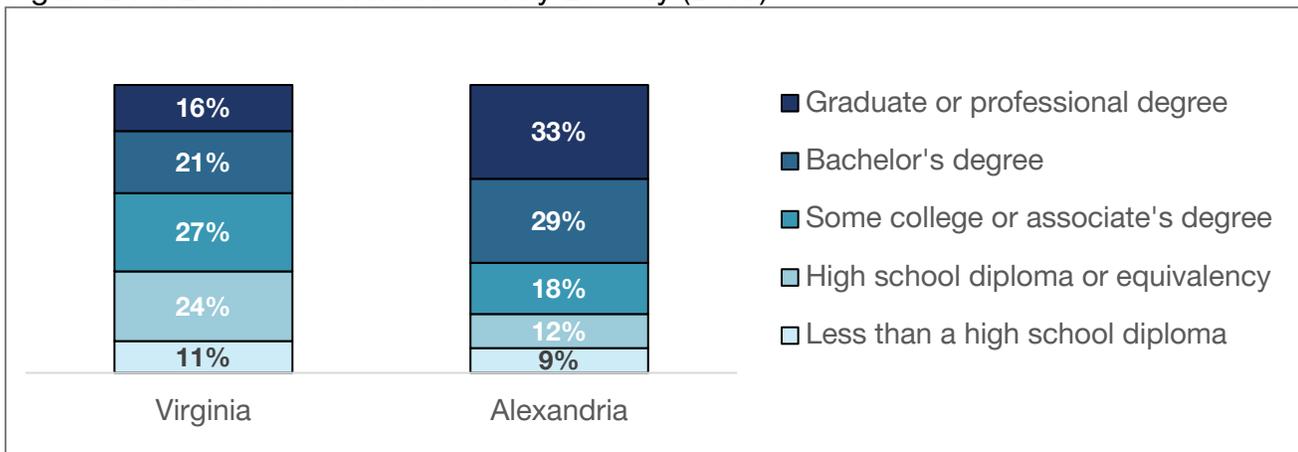
Figure B13. Share of Hispanic residents by Census Tract, City of Alexandria (2017)



Education

Alexandrian’s are highly educated compared with Virginia overall. A third (33%) of Alexandrian’s hold a graduate or professional degree or higher, and more than half (62%) of Alexandrians hold at least a Bachelor’s degree (Figure B14). Still, nearly one in ten Alexandrians do not have a high school diploma, and in neighborhoods in the West End and Arlandria, less than half the population holds a 4-year college degree (Figure B15–B16).

Figure B14. Educational Attainment by Locality (2017)



Source: 2013-2017 ACS 5-year estimates.

Figure B15. Educational Attainment Distribution by Census Tract, City of Alexandria (2017)

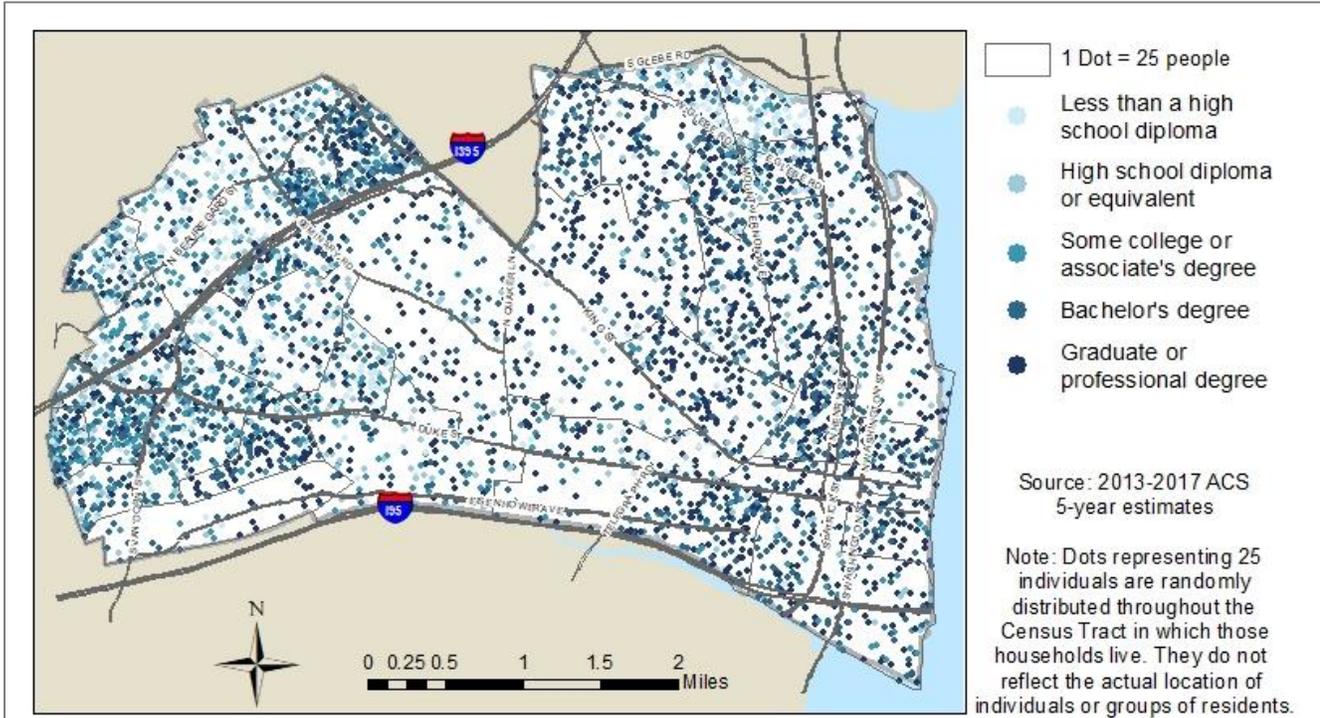
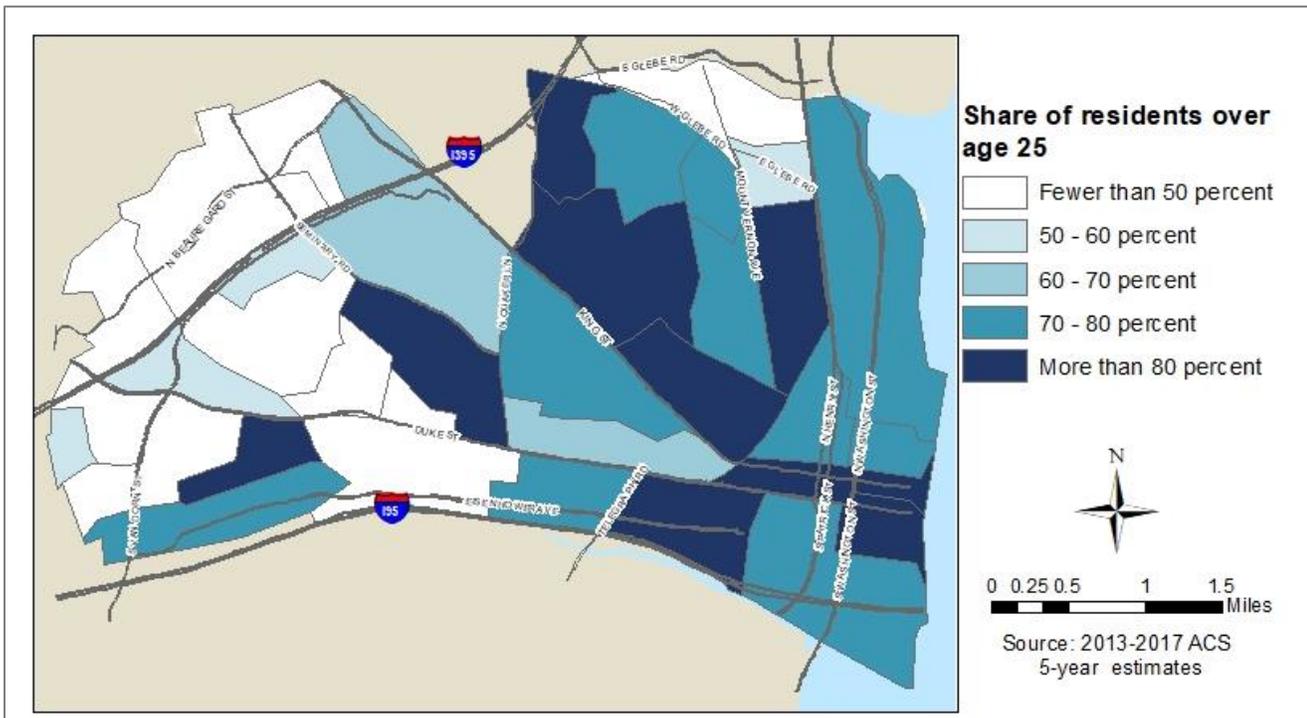


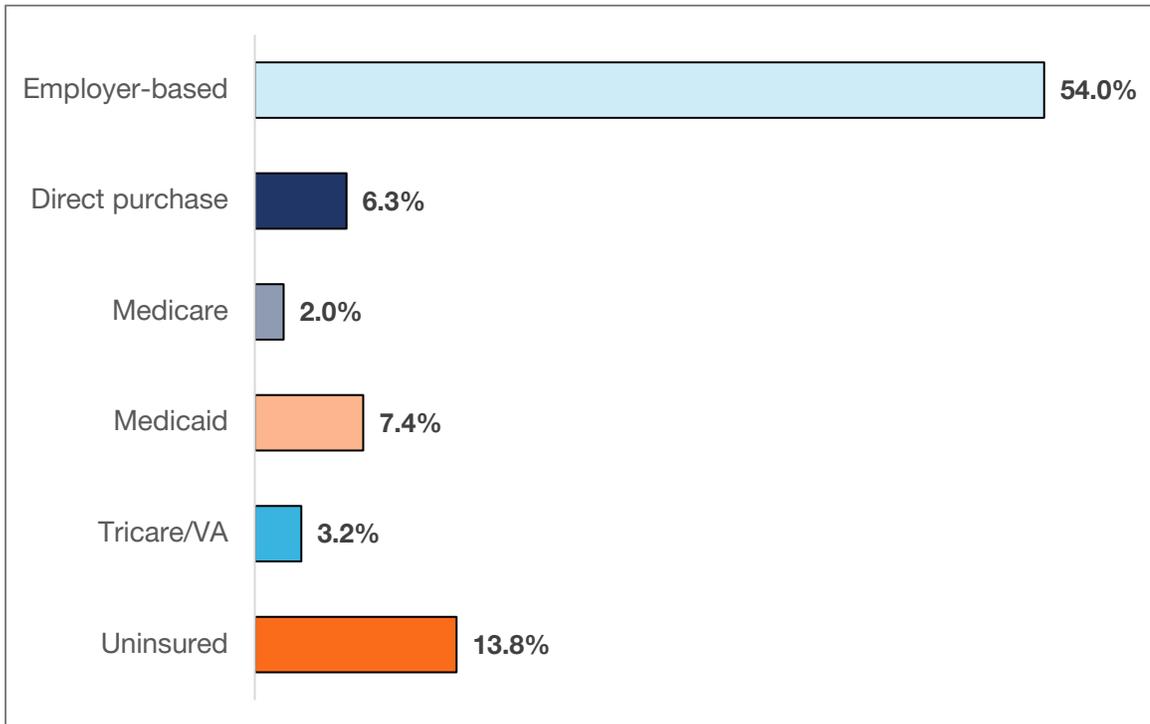
Figure B16. Share of Residents Age 25+ with Bachelor's Degree or Higher, City of Alexandria (2017)



Health Insurance

The majority of Alexandrians (54%) get their health insurance coverage through an employer; however, about 14 percent of Alexandria residents do not have any health insurance coverage (Figure B17). Neighborhoods in the West End and Arlandria have a higher density of communities without health insurance coverage (Figure B18). These neighborhoods also have higher densities of communities that rely on Medicaid and Medicare for health coverage. Residents living in Arlandria, Landmark, and Beauregard are uninsured at rates higher than Alexandria overall (Figure B19).

Figure B17. Health Insurance Types, City of Alexandria (2017)



Source: 2013-2017 ACS 5-year estimates.

Figure B18. Distribution of Health Insurance Types by Census Tract, City of Alexandria (2017)

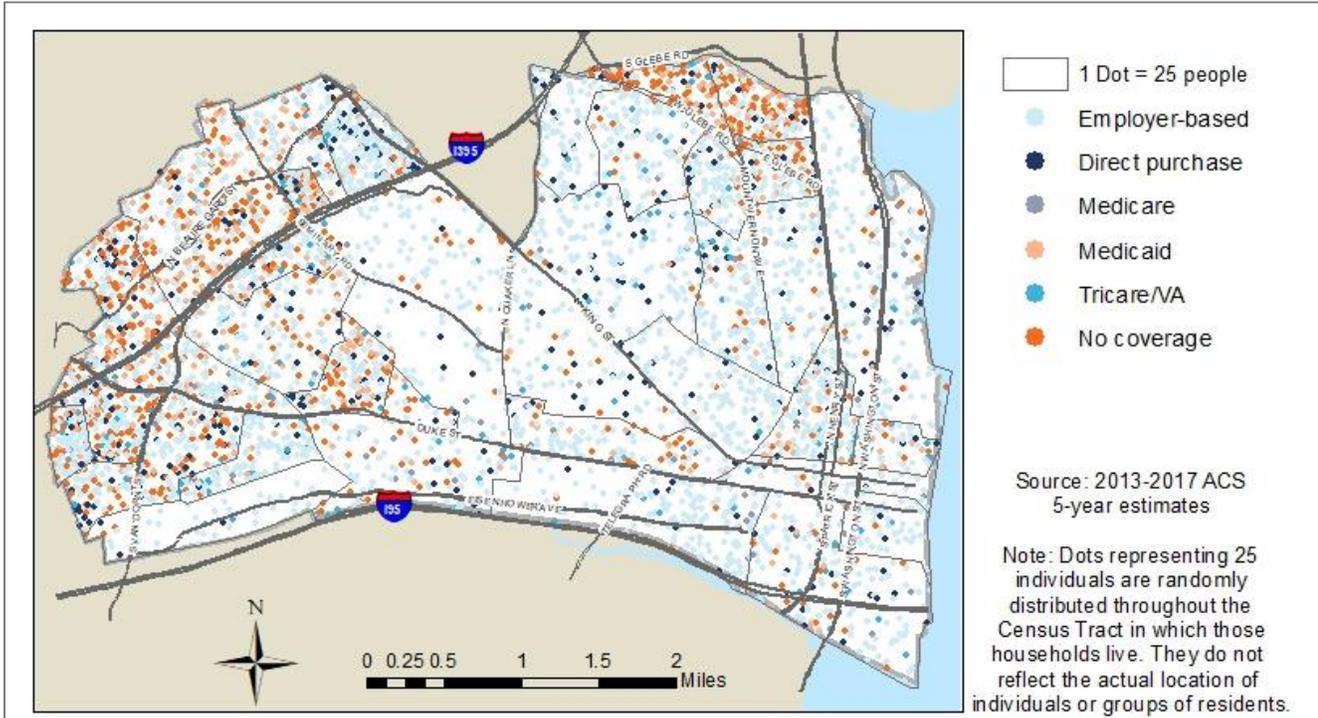
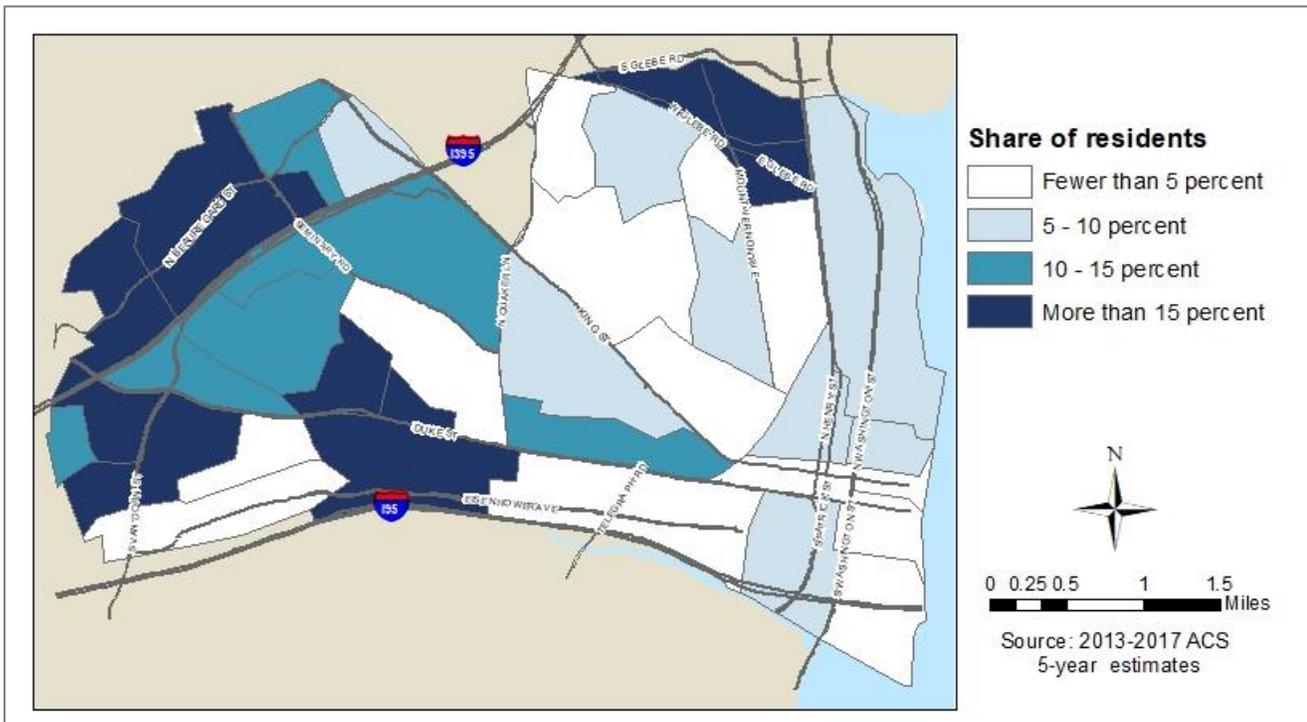


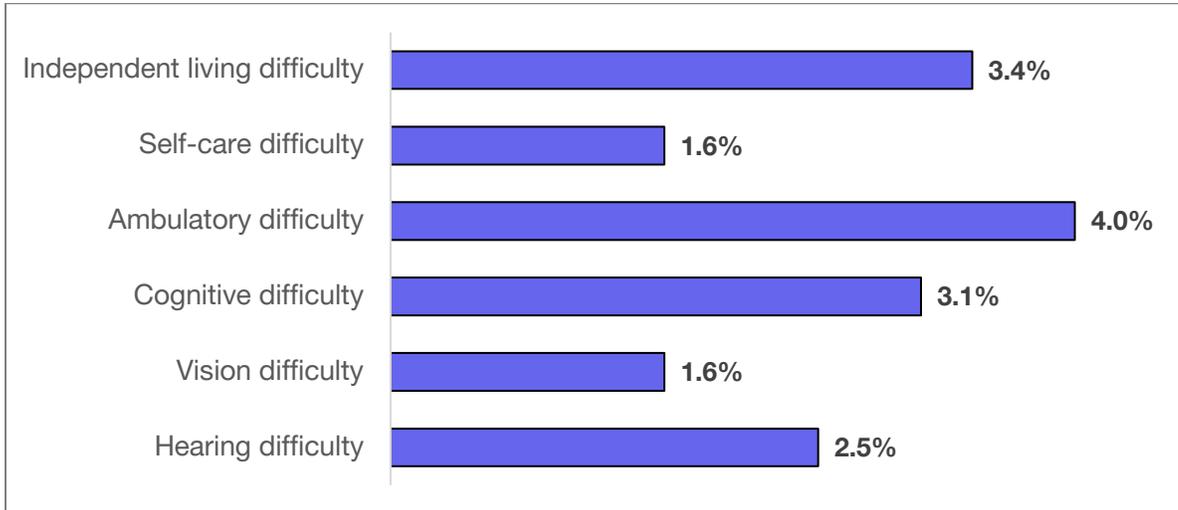
Figure B19. Share of Residents without Health Insurance Coverage by Census Tract, City of Alexandria (2017)



Disability

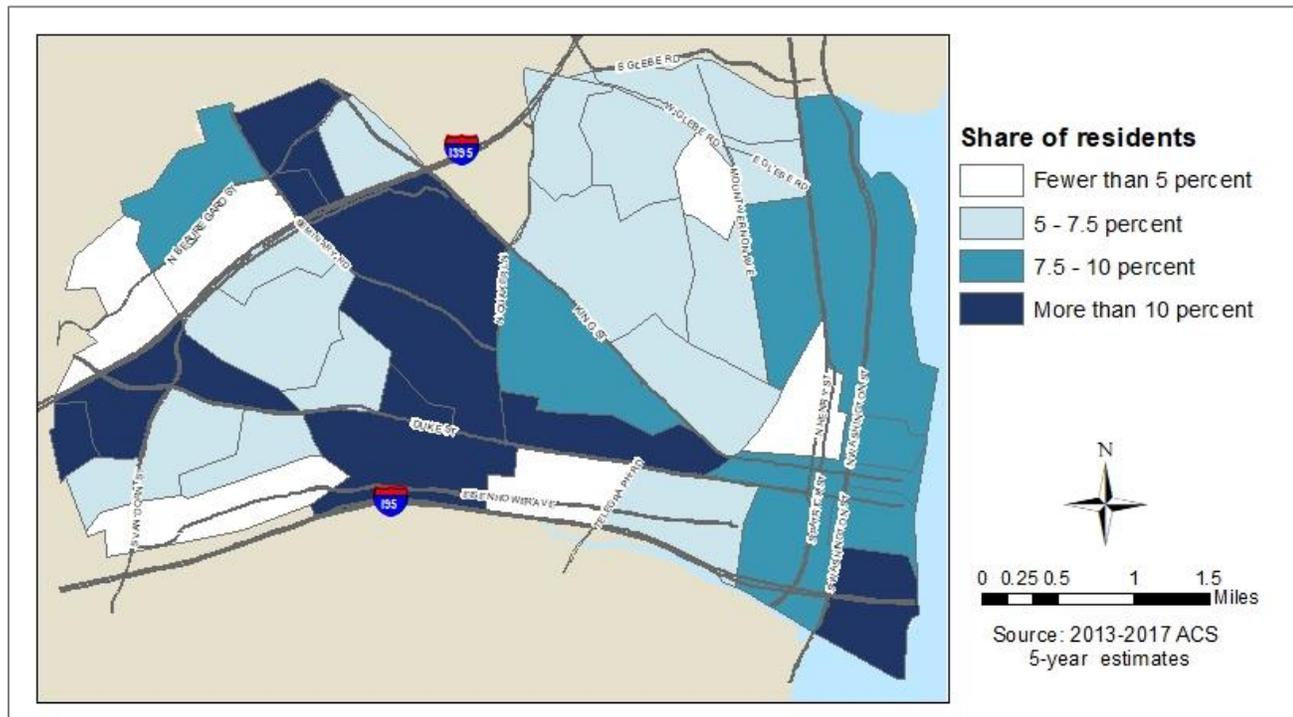
About 1 in 14 (7.1%) Alexandria residents are living with a disability. The most common disabilities among Alexandria residents are ambulatory and independent living difficulties (Figure B20). A greater proportion of residents living with disability live in central Alexandria where many long term and skilled nursing facilities are located (Figure B21).

Figure B20. Share of Residents Living by Disability Type, City of Alexandria (2017)



Source: 2013-2017 ACS 5-year estimates.

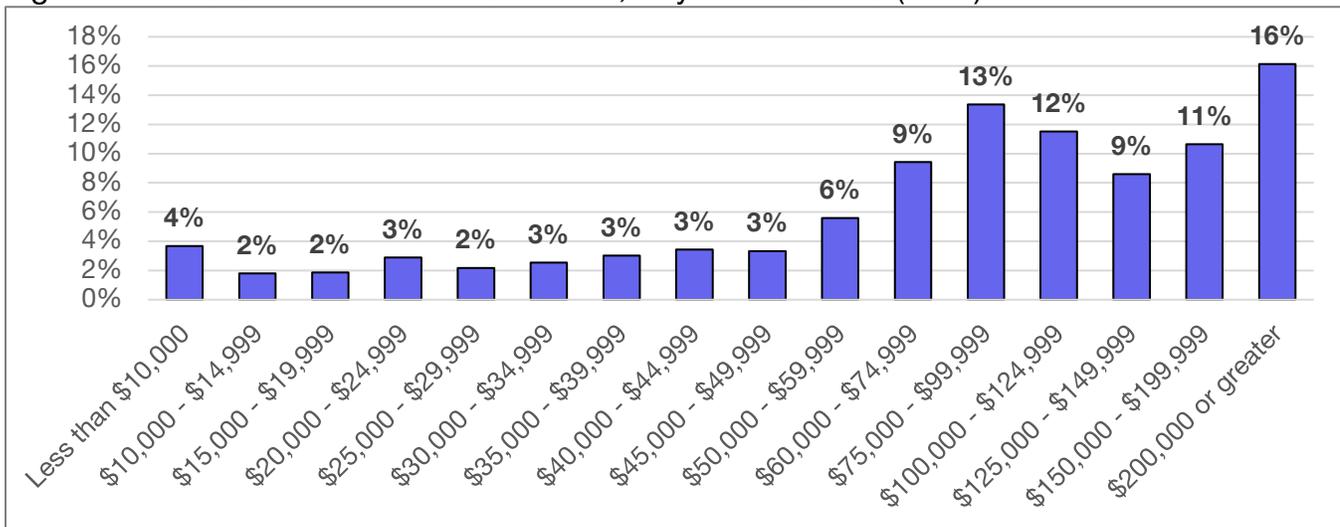
Figure B21. Share of Residents with a Disability by Census Tract, City of Alexandria (2017)



Income

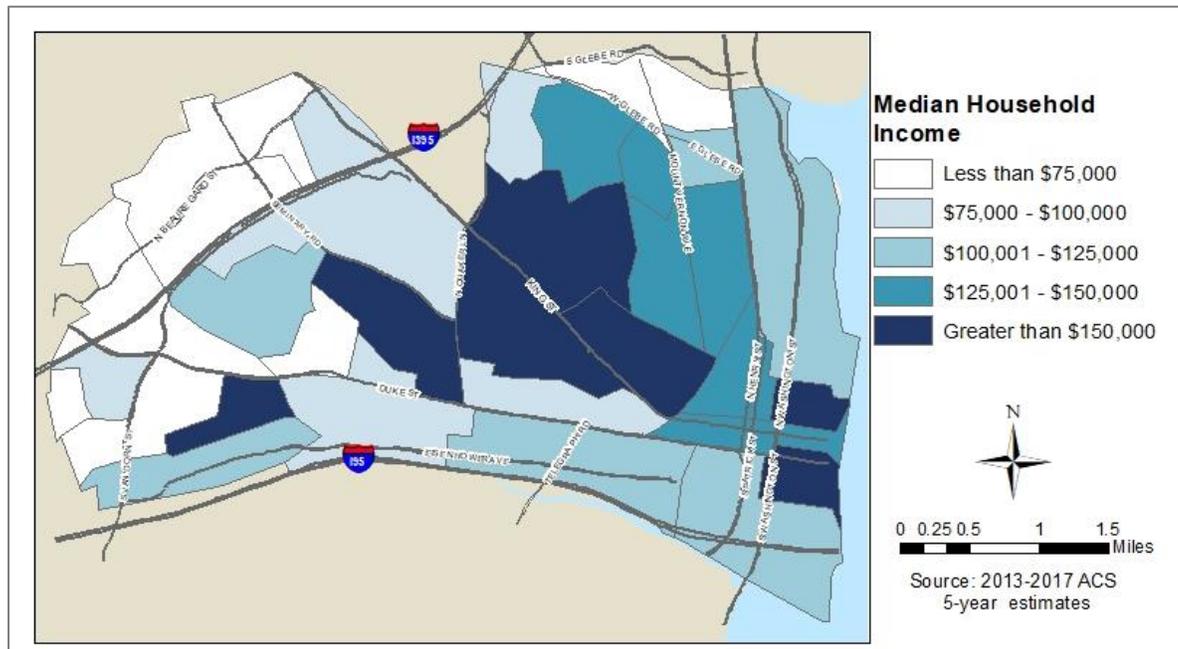
Alexandria's median household income is \$93,400 with most Alexandrians earning more than \$50,000 a year (Figure B22). Although Alexandria's median income is high when compared with the state median (\$68,800), there are stark differences in median income between neighborhoods, and even between neighboring Census tracts (Figure B23).

Figure B22. Household Income Distribution, City of Alexandria (2017)



Source: 2013-2017 ACS 5-year estimates.

Figure B23. Median Household Income by Census Tract, City of Alexandria (2017)



Homelessness

Once per year, the Partnership to Prevent and End Homelessness conducts a Point-in-Time (PIT) count of individuals experiencing homelessness. The count occurs each year over a single night in January. At the PIT count in 2018, men without children made up the greatest proportion of people experiencing homelessness (Figure B24). Of households experiencing homelessness who had children in 2018, the vast majority (93%) were single parent households (Figure B25). In 2018, one in five adults experiencing homelessness were living with serious mental illness (Figure B26).

Figure B24. Persons Experiencing Homelessness, City of Alexandria (2018)

Persons Experiencing Homelessness	Number of People	Percent of Total Persons
Total Persons	226	100%
Men without children	99	44%
Women without children	42	19%
Transgender without children	1	0.4%
Adults with children	31	14%
Children	53	23%
Location on Night of Point in Time Count	226	100%
Unsheltered	15	7%
Sheltered	211	93%

Source: 2018 Point-in-Time Count of Homeless Persons

Figure B25. Households with Children Experiencing Homelessness, City of Alexandria (2018)

Households With Adults and Children	Number of Households	Percent of Total Households
Total Households	29	100%
Single Parent Households	27	93%
Location on the Night of the Count	29	
Place not meant for Human Habitation	0	0%
Winter Shelter	2	7%
Emergency Shelter	17	59%
Domestic Violence Shelter	3	10%
Transitional Housing	7	24%

Source: 2018 Point-in-Time Count of Homeless Persons

Figure B26. Subpopulations of Adults Experiencing Homelessness, City of Alexandria (2018)

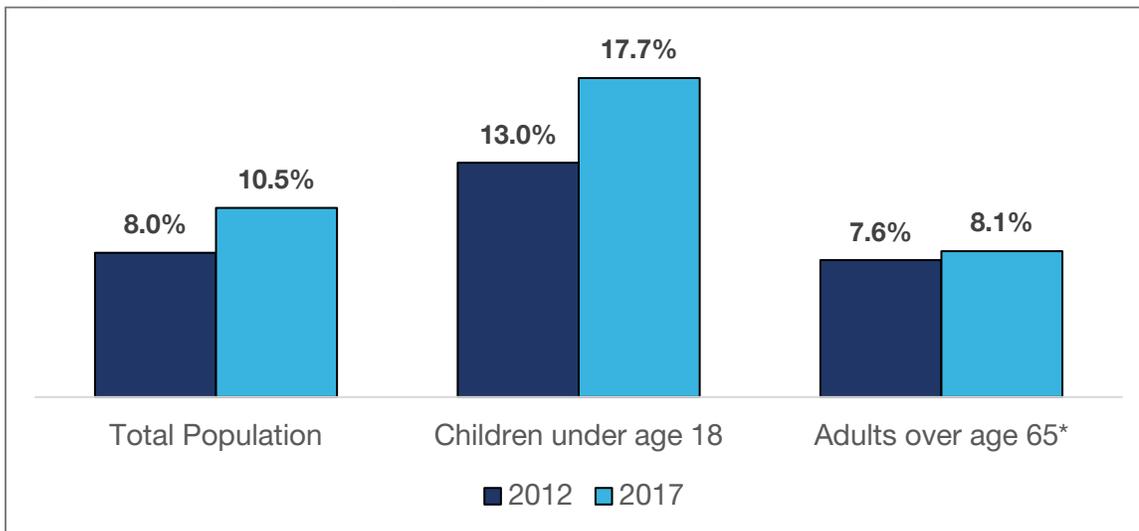
Subpopulations (All Adults)	Number of People	Percent of Total Persons
Veterans	8	5%
Substance Use Disorder	31	18%
Serious Mental Illness	36	21%
Co-Occurring	22	13%
Physical Disability	16	9%
Chronic Health Conditions	22	13%
HIV/AIDS	5	3%
Limited English Proficiency	4	2%
History of Foster Care	15	9%
Institutional Discharge	26	15%
Homeless due to Domestic Violence	11	5%

Source: 2018 Point-in-Time Count of Homeless Persons

Poverty

One in ten (10.5%) Alexandrians live in poverty and the poverty rate overall and among children under 18 increased from 2012 to 2017 (Figure B27). Disparities in poverty rates for residents of color persist in Alexandria and have worsened over time (Figure B28). Alexandria has a slightly lower poverty rate than Virginia has, but has a higher rate of poverty among children under 18 years than Virginia has (Figure B29). A greater share of residents in the West End, Arlandria, and the Uptown-Parker-Gray Historic neighborhood experience poverty (Figure B30). A note about these data: the Census Bureau sets the [poverty threshold](#) used for the measuring poverty, and is different from federal poverty guidelines used to determine eligibility.

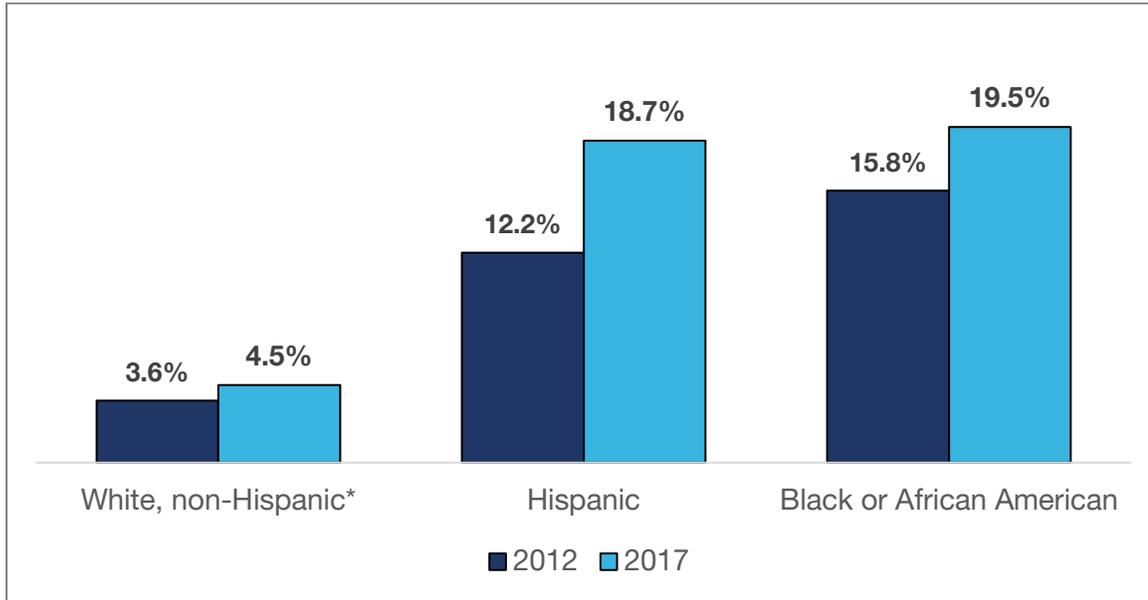
Figure B27. Poverty Rate by Year, City of Alexandria (2017)



Source: 2008-2012 and 2013-2017 ACS 5-year estimates

*The change in the poverty rate for adults over age 65 between 2012 and 2017 is not statistically different.

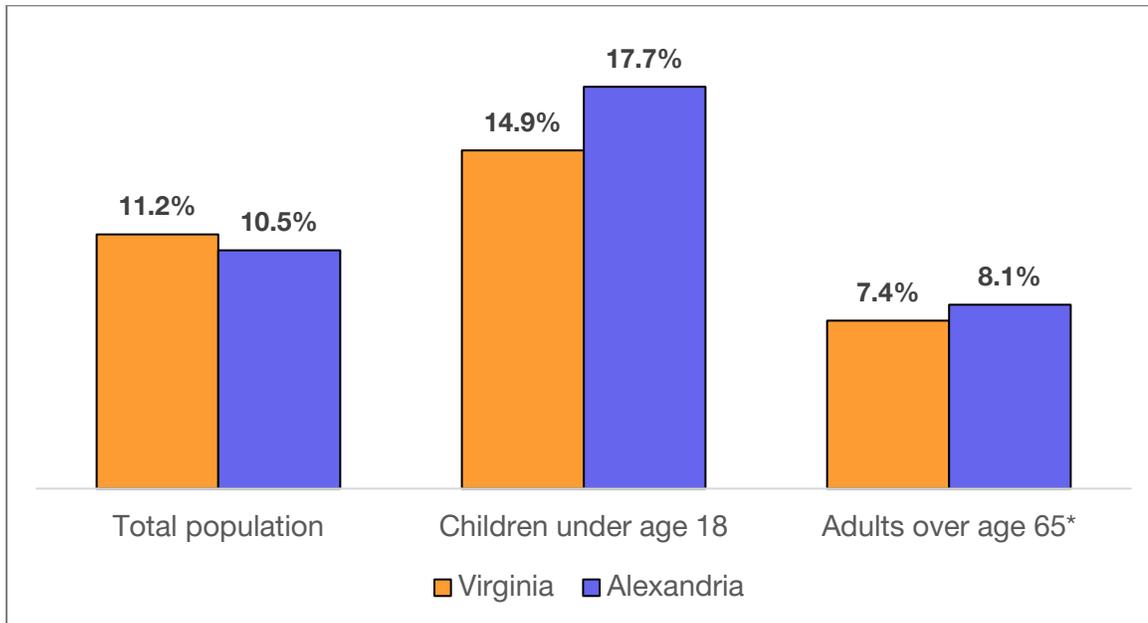
Figure B28. Poverty Rate by Race/Ethnicity and Year, City of Alexandria (2017)



Source: 2008-2012 and 2013-2017 ACS 5-year estimates

*The change in the poverty rate for White, non-Hispanics between 2012 and 2017 is not statistically different.

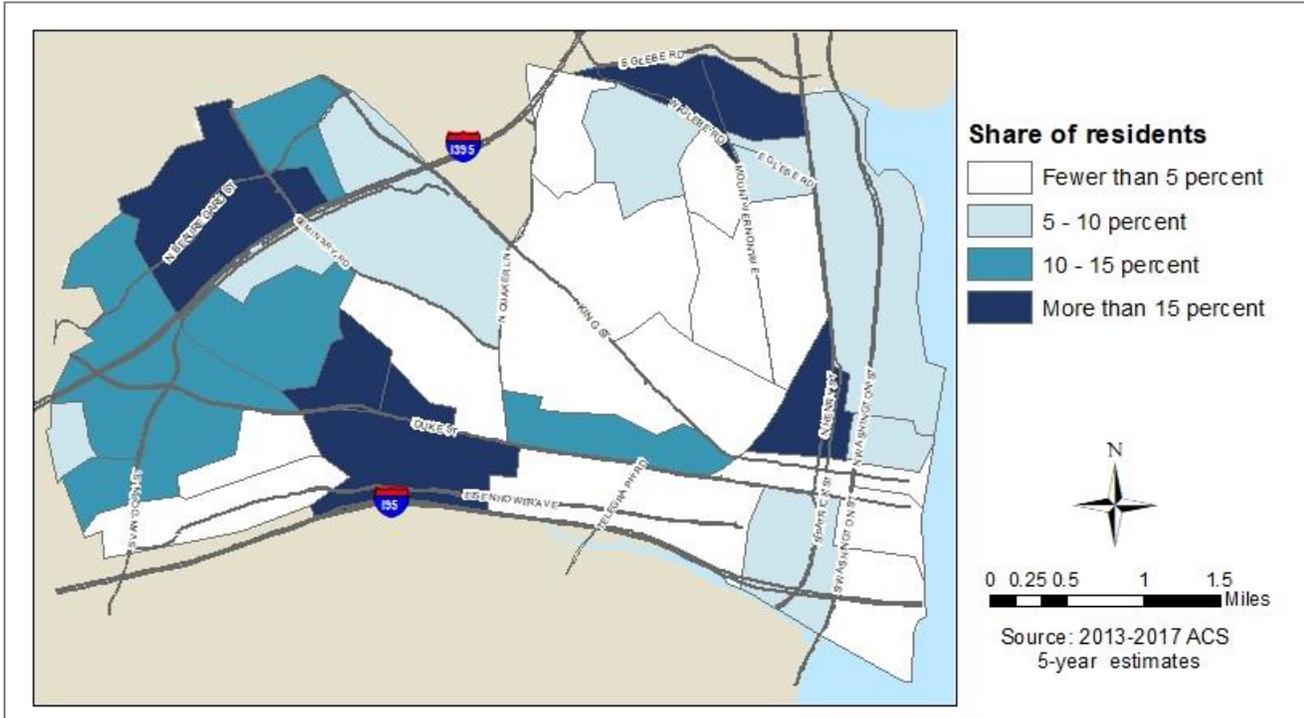
Figure B29. Poverty Rate by Locality (2017)



Source: 2013-2017 ACS 5-year estimates

*The difference in the poverty rate for adults over age 65 between VA and Alexandria is not statistically different.

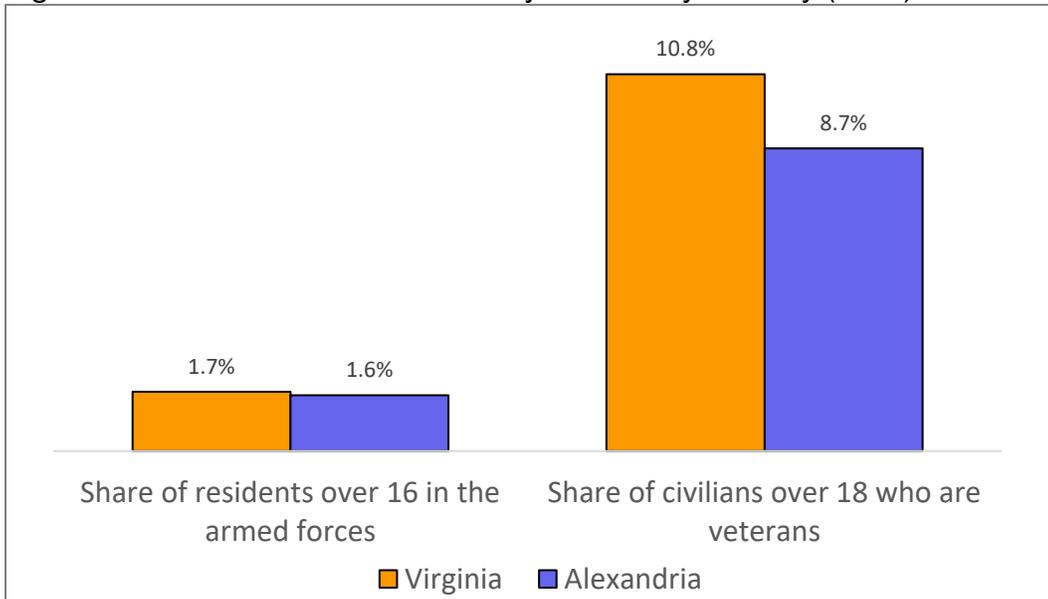
Figure B30. Poverty Distribution by Census Tract, City of Alexandria (2017)



Military Service

Alexandria has a similar proportion of residents currently serving in the armed forces, and a smaller share of civilians over 18 who have served in the armed forces as Virginia has (Figure B31).

Figure B31. Characteristics of Military Service by Locality (2017)



Source: 2008-2012 and 2013-2017 ACS 5-year estimates.

Crime Statistics

Figure B32 shows the number of arrests related to select crimes. Data are from the 2017 Alexandria Police Department Annual Report. The APD also maintains an updated online crime database at <https://apps.alexandriava.gov/CrimeReport/>.

Figure B32. Arrests, City of Alexandria (2017)

Crime Type	2017 Arrests
Homicide	6
Rape	9
Robbery	103
Aggravated Assault	137
Burglary	167
Larceny	2,094
Auto Theft	178
Drug/Narcotic Offenses	952
Driving Under the Influence	381
Drunkenness	459
Liquor Law Violations	407

Source: Alexandria Police Department, 2017 Annual Report.

Distance to Public Recreation Facilities and Full-Service Grocery Stores

Figures B33 and B34 show areas that are within a ½-mile and 1-mile walking distance, and a ½ mile, 1 mile, and 1½-mile driving distance to City Parks and Recreation owned recreation centers and public pools. These maps do not include other specialty community facilities managed by City Parks and Rec or privately owned facilities or pools.

Figures B35 through B36 show areas that are within a ½-mile and 1-mile walking distance, and a ½-mile, 1-mile, and 1½-mile driving distance to full-service, permitted grocery stores. WIC participation is current as of drafting of this report, and may not reflect real-time acceptance of benefits.

Figure B33. Walking Distance to Public Pools and Rec Centers, City of Alexandria (2019)

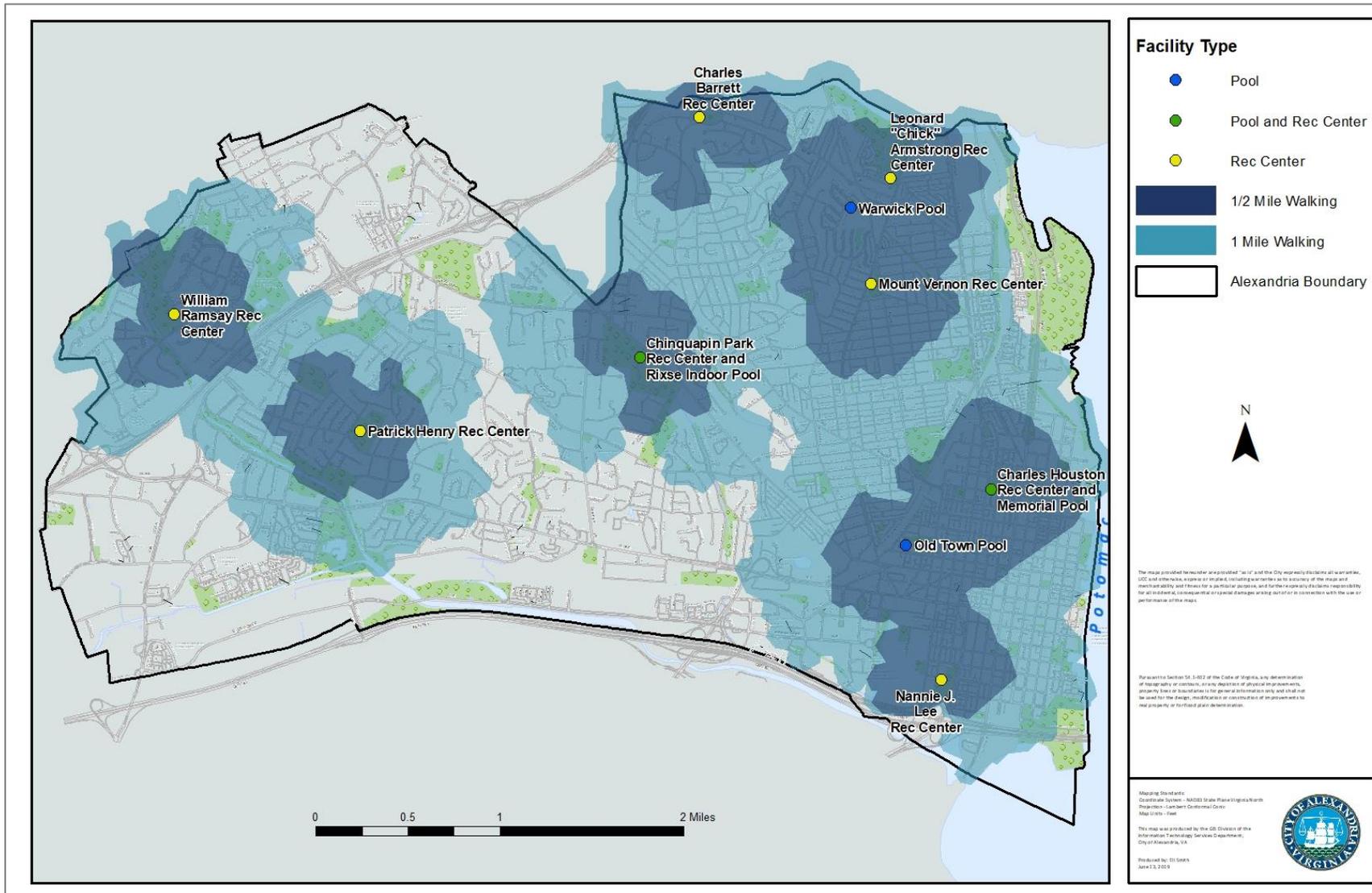


Figure B34. Driving Distance to Public Pools and Rec Centers, City of Alexandria (2019)

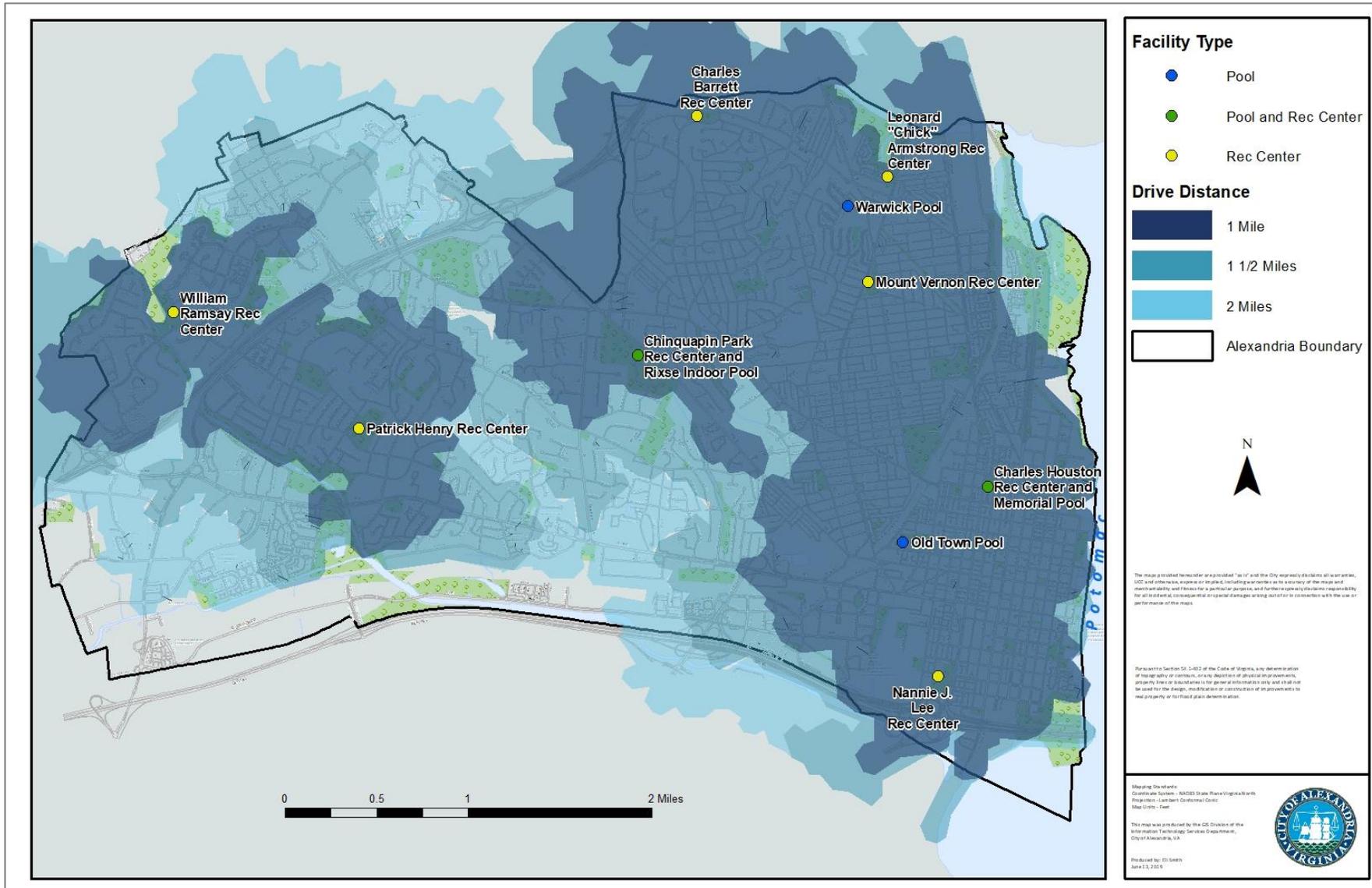


Figure B35. Walking Distance to Full-service Grocery Stores, City of Alexandria (2019)

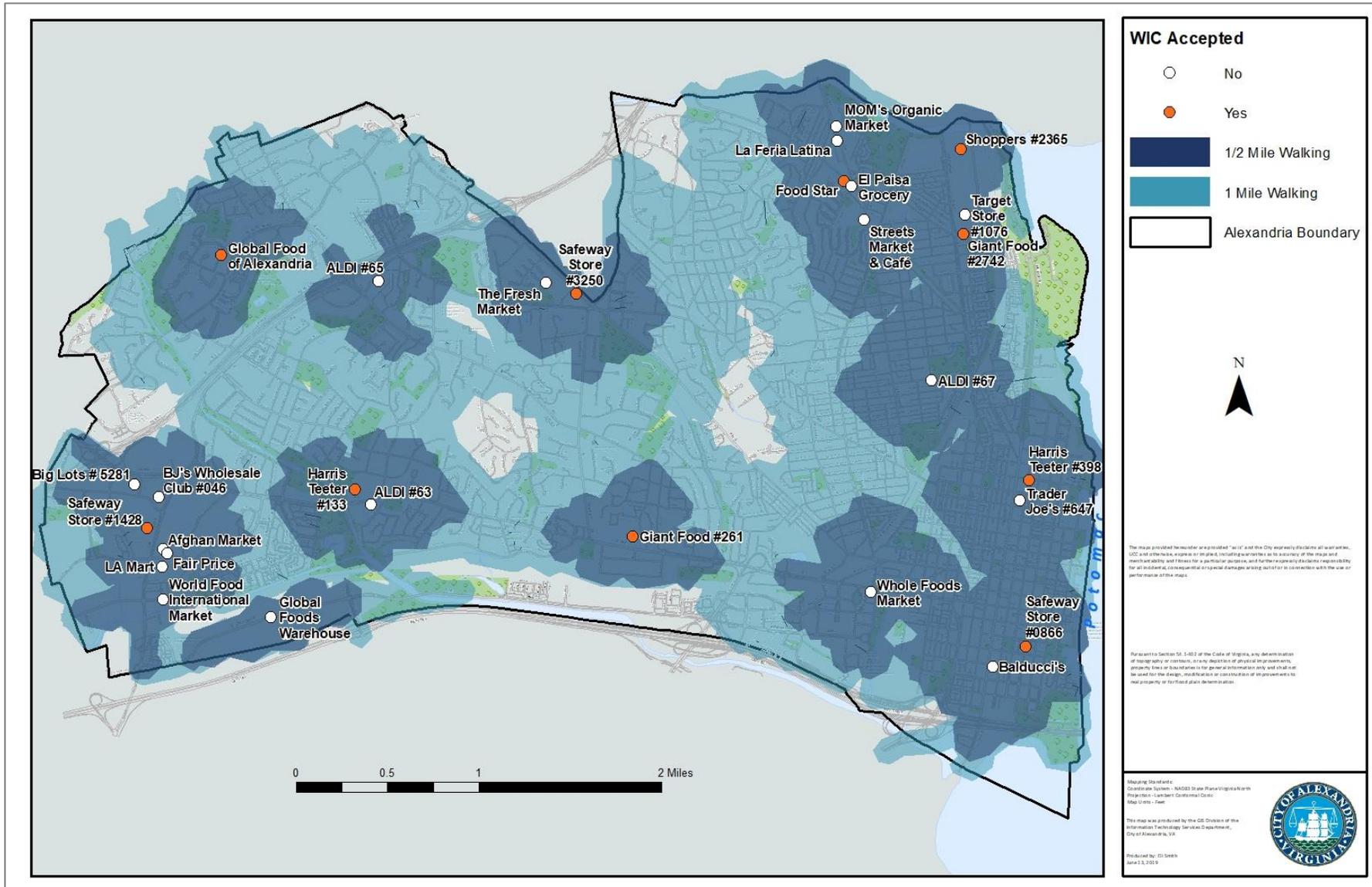
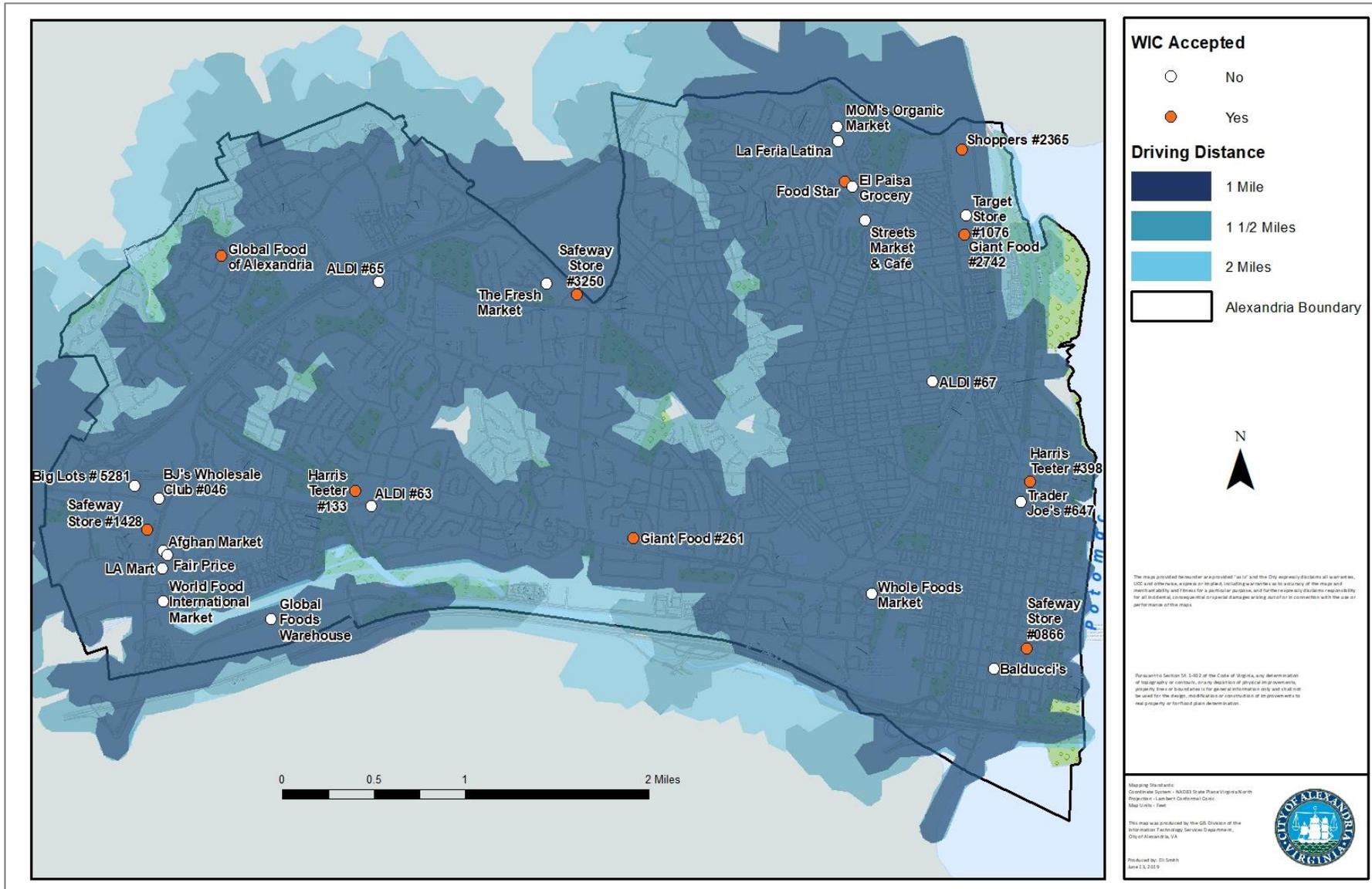


Figure B36. Driving Distance to Full-service Grocery Stores, City of Alexandria (2019)



Appendix C: Forces of Change Assessment Discussion and Responses

The CHA Steering Committee, Alexandria Health Department staff, and Inova Health System staff discussed the following questions on August 2, 2018. Figure C1 is a summary of their responses, categorized into overarching themes.

1. Threats vs. Opportunities
 - a. Trends, i.e. patterns over time
 - b. Factors, i.e. specific things about the community
 - c. Events, i.e. policy changes or natural disasters
2. What are the most important health concerns today in the City of Alexandria
3. Biggest barriers to reaching optimal health?
4. What particular population subgroups face these challenges more than others?

Figure C1. FOCA Response Matrix

Category	Event/Factor/Trend	Threat	Opportunity
Access to care	Medicaid expansion	Strained provider capacity to serve more recipients; woodwork effect	Increased access to care for those previously without insurance
	Expansion of Kaiser and Virginia Hospital clinics in Alexandria		Increased access to care
	2018 General Elections	Federal healthcare policies	Federal healthcare policies
	Research breakthroughs		Advances in medical treatment
	Need for behavioral health services	Limited provider capacity; need detox facilities with appropriate facilities	
	Medication costs	Increased costs to patients	
	Cost of care	People may not seek preventive care because they don't know about resources.	
	Cultural sensitivity		Can enhance quality of care

2019 Community Health Assessment
Appendix C: Forces of Change Assessment Discussion and Responses

Category	Event/Factor/Trend	Threat	Opportunity
Policy and leadership	Expiration of Temporary Protected Status	Family disruption; deportation; loss of access to services	
	2018 City Council Elections	Loss of institutional knowledge; officials may not be familiar with social determinants	New ideas and perspectives on council; opportunity for education on health
	Mistrust in public officials	Creates barriers to public engagement	
	Increases in middle school gang recruitment	Increases in violence, drug abuse/trafficking	
	Health Department staff turnover	Loss of institutional knowledge	Opportunity for new perspectives
	Low participation in the public process (eg. City Council meeting attendance)	Policies don't always reflect community	
Changing demographics	Increasing population density	Lower rates of affordable housing	Enhanced diversity and creation of urban environment
	Longer life span	Managing more chronic health conditions	Implementation of age-friendly Alexandria plan
	Increasing immigrant population	Lack of health insurance	Enhanced diversity
Culture and values	Religious beliefs		Can place a high value on health
	Stigma around mental health	May prevent residents from seeking treatment	
	Increased adult interest in nutrition classes		More confidence to cook at home and make healthier food choices
	Strong community ties		Social support for resilience; generous community members
	Ageism	Barrier to achieving health	
	Culture of health		Defining what is important to different communities
Built environment	Redevelopment of Lake Cook and Patrick Henry Rec. Center		Enhanced access to green and play space
	Expanded community gardens by Cora Kelly		Enhanced access to fresh produce

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Appendix C: Forces of Change Assessment Discussion and Responses

Category	Event/Factor/Trend	Threat	Opportunity
	Flooding	Raw sewage in river	
	Access to public transit	Expected disruptions due to metro maintenance	New metro station at Potomac Yard
	Pedestrian safety		Encourages multimodal transportation
	Lack of affordable housing	Increased economic strain; homelessness; overcrowding; poor quality housing	
Economic conditions	High cost of living	May price out residents; homelessness, and food insecurity issues	
	Non-government industry growth in Alexandria		Diversified economic growth, jobs
	Amazon headquarters in National Landing	Strain on housing stock	Economic growth, jobs
	Growing economic disparities	Increasing equity issues	
	New technology	Increasing social isolation; not everyone has access	Self-driving vehicles; opportunities to build community

Appendix D. Community Themes and Strengths Assessment

Background

Data for the Community Themes and Strengths Assessment (CTSA) were collected through a survey (Figure D1) that asked participants details about themselves, such as gender, race, income, and zip code, and their opinion about three main questions:

- What are the **greatest strengths** of our community?
- What are the **most important health issues** for our community?
- What would **most improve the quality of life** for our community?

Survey participants could select up to three choices for each question and leave open feedback in a freeform field. The survey was made available online and in paper format, and was in the field from September to October 31, 2018. Online and paper formats were available in Spanish, Arabic, Amharic, and Farsi. In addition, the online survey was available in Urdu, Vietnamese, Mandarin, and Korean. This survey utilized a convenience sampling method; therefore, results from this survey are not generalizable to the City of Alexandria.

Figure D1. CTSA Survey

Survey Introduction:

The Alexandria Health Department is conducting a short, anonymous survey to learn about what is important to people in the City of Alexandria. The results will be used to inform ongoing efforts to make Alexandria a healthier community. We also ask a few questions about you so we can understand more about who took this survey. If you need more information, please visit www.healthmattersalexandria.org or contact us at healthmatters@vdh.virginia.gov or call 703-746-4934. Thank you for participating in this anonymous survey.

1. In your opinion, what are the greatest strengths of our community?

*Please select up to **THREE (3)** boxes below:*

- Opportunities to be involved in the community
- Diversity of the community (social, cultural, faith, economic)
- Access to healthy food (fresh fruits and vegetables)
- Housing that is affordable
- Services that support basic needs (food, clothing, temporary cash assistance)
- Access to health care
- Educational opportunities (schools, libraries, vocational programs, universities)
- A good place for children
- A good place for older adults
- Jobs and a healthy economy
- Transportation options
- Mental health and substance abuse services
- Police, fire and rescue services
- Safe place to live
- Parks and recreation
- Walk-able, bike-able community
- Clean and healthy environment
- Arts and cultural events
- Other (please specify):

2. In your opinion, what are the most important health issues for our community?

*Please select up to **THREE (3)** boxes below:*

- Dental problems
- Teen pregnancy
- Maternal, infant and child health
- Violence and abuse
- Preventable injuries (car or bicycle crashes, falls)
- Aging-related health concerns
- Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)
- Alcohol, drug, and/or opiate abuse
- Mental health problems (depression, anxiety, stress, suicide)
- Obesity
- Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)
- Illnesses spread by insects and/or animals (Lyme disease, Zika, rabies)
- Sexually transmitted diseases
- HIV
- Other illnesses that spread from person to person (flu, TB)
- Vaccine preventable diseases (whooping cough, measles, tetanus)
- Food safety
- Intellectual disabilities (autism, developmental disabilities)
- Sensory disabilities (hearing, vision)
- Physical disabilities
- Differences in health outcomes for different groups of people
- Other (please specify):

3. In your opinion, what would most improve the quality of life for our community?

Please select up to THREE (3) boxes below:

- | | |
|--|--|
| <input type="checkbox"/> Opportunities to be involved in the community | <input type="checkbox"/> Jobs and a healthier economy |
| <input type="checkbox"/> Welcoming of diversity (social, cultural, faith, economic) | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Access to healthy food (fresh fruits and vegetables) | <input type="checkbox"/> Mental health and substance abuse services |
| <input type="checkbox"/> Housing that is affordable | <input type="checkbox"/> Public safety and health (law enforcement, fire, EMS and public health) |
| <input type="checkbox"/> Services that support basic needs (food, clothing, temporary cash assistance) | <input type="checkbox"/> Access to parks and recreation |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> A walk-able, bike-able community |
| <input type="checkbox"/> Educational opportunities (schools, libraries, vocational programs, universities) | <input type="checkbox"/> Clean and healthy environment |
| | <input type="checkbox"/> Arts and cultural events |
| | <input type="checkbox"/> Working to end homelessness |
| | <input type="checkbox"/> Other (please specify): _____ |

Please answer the following questions about yourself. We ask these questions to better understand your answers.

D1. Your HOME ZIP CODE: _____

D2. Your AGE Mark (X) only ONE (1) box:

- Under 18 years
- 18 - 24 years
- 25 - 29 years
- 30 - 39 years
- 40 - 49 years
- 50 - 64 years
- 65 - 79 years
- 80+ years

D3. Your HIGHEST LEVEL OF EDUCATION

Mark (X) only ONE (1) box:

- Less than high school diploma
- High school diploma / GED
- Some college
- Associates / Technical degree
- Bachelor's degree
- Graduate degree or higher

D4. ARE YOU HISPANIC OR LATINO?

Mark (X) only ONE (1) box:

- Yes
- No

D5. Your RACE - Which one or more of the following race categories do you identify with?

Select ALL THAT APPLY:

- American Indian or Alaska Native
- Asian
- Black or African American

- Native Hawaiian or Other Pacific Islander
- White or Caucasian

D6. Do you live in a home with HOUSEHOLD MEMBERS THAT ARE YOUNGER THAN 18

YEARS OLD? Mark (X) only ONE (1) box:

- Yes
- No

D7. Where do you USUALLY GO FOR HEALTHCARE? Mark (X) only ONE (1) box:

- Hospital / emergency room
- Private doctor's office / HMO
- Urgent care center
- Free or reduced-fee clinic
- I don't get healthcare

D8. Your ASSIGNED SEX AT BIRTH

Mark (X) only ONE (1) box:

- Female
- Male

D9. Your ANNUAL HOUSEHOLD INCOME

Mark (X) only ONE (1) box:

- Less than \$10,000
- \$10,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000+



<https://www.surveymonkey.com/r/LiveHealthyNOVA>

Characteristics of Survey Respondents

Figure D2. Characteristics of Survey Respondents

	Number of Respondents	Percent of Respondents*
Total Responses	1,775	100%
Ethnicity		
Not Hispanic or Latino	1,361	77%
Hispanic or Latino	245	14%
No response	169	10%
Race		
White	859	48%
Black or African American	449	25%
Asian	86	5%
Two or more races	47	3%
American Indian/Alaskan Native	20	1%
Native Hawaiian/Other Pacific Islander	11	1%
No response	303	17%
Language		
English	1,589	90%
Spanish	128	7%
Arabic	26	2%
Amharic	24	1%
Farsi	8	1%
Lives with child (<18 years)		
Yes	573	32%
No	1,051	59%
No response	151	9%
Sex		
Male	508	29%
Female	1,116	63%
No response	151	9%
Annual Household Income		
Less than \$10,000	179	10%
\$10,000 to \$49,999	361	20%
\$50,000 to \$99,999	447	25%
\$100,000 to \$149,000	255	14%
Greater than \$150,000	346	19%
No response	187	11%

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	Number of Respondents	Percent of Respondents*
Age Category		
Less than 18 years	43	2%
18-24 years	74	4%
25-29 years	171	10%
30-39 years	413	23%
40-49 years	281	16%
50-64 years	362	20%
65-79 years	269	15%
80+ years	39	2%
No response	123	7%
Education		
Less than High School Diploma	118	7%
High School Diploma or GED	194	11%
Some College	230	13%
Associates or Technical Degree	91	5%
Bachelor's Degree	416	23%
Graduate Degree or Higher	592	33%
No response	134	8%
Regular Source of Healthcare		
Private Doctor's Office or HMO	1134	64%
Urgent Care	161	9%
Hospital or Emergency Room	134	8%
Free or Reduced Fee Clinic	111	6%
I don't get healthcare	82	5%
No response	153	9%
Zip Code		
22304	344	19%
22314	329	19%
22305	166	9%
22301	156	9%
22302	121	7%
22311	89	5%
22312	76	4%
Greater Alexandria	72	4%
DMV Metro Area	139	8%
Greater Virginia	5	0%
No response or out of VA/U.S.	278	16%
* May sum to greater than 100% due to rounding		

Overall Survey Results (Top 5 Selected Responses Highlighted)

Figure D3. What are the greatest strengths of our community?

Rank	Response	Number of People Who Selected Response
1	Diversity of the community (social, cultural, faith, economic)	689
2	Opportunities to be involved in the community	433
3	Safe place to live	419
4	Educational opportunities (schools, libraries, universities)	393
5	Access to healthy food (fresh fruits and vegetables)	379
6	Walk-able, bike-able community	367
7	Transportation options	347
8	A good place for children	298
9	Access to health care	295
10	Jobs and a healthy economy	288
11	Police, fire and rescue services	255
12	Housing that is affordable	230
13	Services that support basic needs (food, clothing, cash assistance)	213
14	Parks and recreation	207
15	Arts and cultural events	170
16	A good place for older adults	167
17	Clean and healthy environment	160
18	Mental health and substance abuse services	100

Figure D4. What are the top health issues facing our community?

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	629
2	Alcohol, drug, and/or opiate abuse	472
3	Differences in health outcomes for different groups of people	439
4	Violence and abuse	361
5	Obesity	344
6	Aging-related health concerns	335
7	Preventable injuries (car or bicycle crashes, falls)	316
8	Dental problems	280
9	Chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	269
10	Maternal, infant and child health	247
11	Teen pregnancy	213
12	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	208
13	Other illnesses that spread from person to person (flu, TB)	107
14	Sexually transmitted diseases	106
15	Food safety	104
16	Intellectual disabilities (autism, developmental disabilities)	92
17	Vaccine preventable diseases (whooping cough, measles, tetanus)	87
18	Illnesses spread by insects and/or animals (Lyme disease, Zika, Rabies)	74
19	HIV	70
20	Physical disabilities	59
21	Sensory disabilities (hearing, vision)	42

Figure D5. What would most improve the quality of life in our community?

Rank	Response	Number of People Who Selected Response
1	Housing that is affordable	870
2	Access to health care	465
3	Educational opportunities (schools, libraries, universities)	341
4	Welcoming of diversity (social, cultural, faith, economic)	333
5	Access to healthy food (fresh fruits and vegetables)	314
6	Services that support basic needs (food, clothing, cash assistance)	309
7	Mental health and substance abuse services	285
8	Jobs and a healthier economy	257
9	Working to end homelessness	248
10	Opportunities to be involved in the community	222
11	Clean and healthy environment	204
12	Transportation options	190
13	A walk-able, bike-able community	187
14	Public safety and health (law enforcement, fire, EMS and public health)	148
15	Access to parks and recreation	110
16	Arts and cultural events	67

Top 5 Answers to “What are the top health issues facing our community?” by Select Demographic Groups

Figure D6. Low income Respondents (Household Income <\$50,000/year)

Rank	Response	Number of People Who Selected Response
1	Dental problems	156
2	Mental health problems (depression, anxiety, stress, suicide)	147
3	Alcohol, drug, and/or opiate abuse	143
4	Violence and abuse	141
5	Aging-related health concerns	111

Figure D7. Respondents with Less than a High School Diploma or GED (25+ years of age)

Rank	Response	Number of People Who Selected Response
1	Dental problems	37
2	Mental health problems (depression, anxiety, stress, suicide)	33
3	Violence and abuse	31
4	Alcohol, drug, and/or opiate abuse	29
5	Maternal, infant and child health	25

Figure D8. Younger Respondents (<25 years of age)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	40
2	Alcohol, drug, and/or opiate abuse	38
3	Violence and abuse	34
4	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	30
5	Teen pregnancy	29

Figure D9. Older Respondents (>65 years of age)

Rank	Response	Number of People Who Selected Response
1	Aging-related health concerns	111
2	Mental health problems (depression, anxiety, stress, suicide)	90
3	Differences in health outcomes for different groups of people	88
4	Alcohol, drug, and/or opiate abuse	70
5	Obesity	63

Figure D10. Spanish Speaking Respondents (Survey Language in Spanish)

Rank	Response	Number of People Who Selected Response
1	Dental problems	43
2	Alcohol, drug, and/or opiate abuse	41
3	Violence and abuse	37
4	Teen pregnancy	27
5	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	26

Figure D11. Amharic, Arabic, and Farsi Speaking Respondents (Survey Language in Amharic, Arabic, or Farsi)

Rank	Response	Number of People Who Selected Response
1	Dental problems	24
2	Other illnesses that spread from person to person (flu, TB)	20
3	Alcohol, drug, and/or opiate abuse	18
4	Obesity	14
	Chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	14
	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	14
5	Aging-related health concerns	13

Figure D12. Respondents of Color (All respondents except white, non-Hispanic or without race/ethnicity info)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	250
2	Alcohol, drug, and/or opiate abuse	215
3	Violence and abuse	205
4	Dental problems	187
5	Aging-related health concerns	156

Figure D13. Respondents of Hispanic or Latino Ethnicity (Hispanic or Latino ethnicity regardless of race)

Rank	Response	Number of People Who Selected Response
1	Alcohol, drug, and/or opiate abuse	75
2	Violence and abuse	67
3	Mental health problems (depression, anxiety, stress, suicide)	64
4	Dental problems	61
5	Teen pregnancy	52

Figure D14. Female Respondents

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	442
2	Differences in health outcomes for different groups of people	326
3	Alcohol, drug, and/or opiate abuse	291
4	Violence and abuse	243
5	Aging-related health concerns	220

Appendix E. Community Health Status Assessment Results

Quantitative Health Indicators

The health indicators that comprised the Community Health Status Assessment (CHSA) were selected based on best practices, availability, and local health department knowledge of emerging health issues. The data include rates and percentages of mortality, morbidity, and incidence and prevalence (death, chronic illness, and new and existing disease). Data were compiled from published secondary sources and surveys in November 2018. County-level data, as well as breakdowns by population characteristics, was not consistently available, which means the amount of information within certain health topics may be limited. Specific indicators were selected and compiled to support a broad picture of health in Alexandria, and may not encompass all data in existence. Figure E1 provides a list of sources and Figure E2 provides an overview of the data. All data are specific to the City of Alexandria or the Alexandria Health District.

Figure E1. CHSA Sources

Acronym	Source
ACPS BMI	Alexandria City Public Schools Annual BMI Report
ACS	American Community Survey 5-year, Census
Alex YRBS	Youth Risk Behavior Survey, Alexandria
BLS LAUS	Bureau of Local Area Unemployment Statistics
BRFSS SAE	BRFSS Small Area Estimates, CDC
CDC 500 Cities	500 Cities Project, CDC
CHR	County Health Rankings
CMS	Center for Medicaid and Medicare
CRDC	Civil Rights Data Collection
DAH	Dartmouth Atlas of Healthcare
FARS	Fatality Analysis Reporting System
Feeding America	Feeding America
HRSA UDS	Health Resources and Services Administration Uniform Data System
HUD	Housing and Urban Development
IHME	Institute for Health Metrics and Evaluation
NCES	National Center for Education Statistics
SAHE	Small Area Health Estimates, Census
SEER	National Cancer Institute, State Cancer Profiles
USDA	United States Department of Agriculture
VA BRFSS	Virginia Behavioral Risk Factor Surveillance System
VA DARS	Virginia Department for Aging and Rehabilitative Services
VA Dept of Ed	Virginia Department of Education
VDH	Virginia Department of Health
VHI	Virginia Health Information
VOIRS	Virginia Online Injury Reporting System
VSISS	Virginia Student Immunization Status Survey

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Figure E2. CHSA Data

Topic Category	Indicator Name	Value	Unit of Measure	Year	Data Source
Chronic conditions	Adults ever with COPD, emphysema or chronic bronchitis	3.9	%	2015	500 Cities
	Adults 20+ with diabetes	7	%	2014	CHR
	Rheumatoid arthritis or osteoarthritis: Medicare population	29.3	%	2015	CMS
	Chronic kidney disease: Medicare population	15.6	%	2015	CMS
	Stroke: Medicare population	4	%	2015	CMS
	Hypertension: Medicare population	50.7	%	2015	CMS
	Ischemic heart disease: Medicare population	21.9	%	2015	CMS
	Hyperlipidemia: Medicare population	42.7	%	2015	CMS
	Heart failure: Medicare population	10.1	%	2015	CMS
	Atrial fibrillation: Medicare population	8.5	%	2015	CMS
	Breast cancer incidence	118.7	per 100,000 females	2011-2015	SEER
	Age-adjusted breast cancer mortality	23.7	per 100,000 females	2011-2015	SEER
	Colon cancer incidence	28.1	per 100,000 population	2011-2015	SEER
	Age-adjusted colorectal cancer mortality	8.3	per 100,000 population	2011-2015	SEER
	Lung cancer incidence	38	per 100,000 population	2011-2015	SEER
	Age-adjusted lung cancer mortality	26.4	per 100,000 population	2011-2015	SEER
	Prostate cancer incidence	91.3	per 100,000 males	2011-2015	SEER
	Age-adjusted prostate cancer mortality	24.2	per 100,000 males	2011-2015	SEER
	All cancer age-adjusted mortality	130.8	per 100,000 population	2011-2015	SEER
	All cancer incidence	351.6	per 100,000 population	2011-2015	SEER
	Adults ever with asthma	10.1	%	2014	VA BRFSS
	Ever diagnosed with arthritis, RA, gout, lupus, or fibromyalgia	16	%	2014	VA BRFSS
	Alzheimer's disease or dementia: Medicare population	10.8	%	2015	VA DARS
	<65 yrs with Alzheimer's or dementia: Medicare population	4.6	%	2015	VA DARS
	Age-adjusted chronic lower respiratory disease mortality	23.8	per 100,000 population	2013	VDH
	Age-adjusted diabetes mortality	19.4	per 100,000 population	2013	VDH
	Age-adjusted heart disease mortality	132	per 100,000 population	2013	VDH
	Age-adjusted stroke mortality	29.8	per 100,000 population	2013	VDH
	Age-adjusted hospitalization due to COPD	10.1	per 10,000 population (18+)	2014-2016	VHI
	Age-adjusted hospitalization due to adult asthma	7.9	per 10,000 population (18+)	2014-2016	VHI
	Age-adjusted hospitalization due to pediatric asthma	1.4	per 10,000 population (<18)	2014-2016	VHI
	Age-adjusted hospitalization due to diabetes	12.9	per 10,000 population (18+)	2014-2016	VHI
	Age-adjusted hospitalization due to long term diabetes complications	6.3	per 10,000 population (18+)	2014-2016	VHI
Age-adjusted hospitalization from heart failure	21.5	per 10,000 population (18+)	2014-2016	VHI	
Age-adjusted hospitalization from hypertension	4.3	per 10,000 population (18+)	2014-2016	VHI	
Economic stability	Median monthly mortgage expenses	2,648	2017 US\$	2013-2017	ACS
	Median gross rent for 2 bedroom	1,840	2017 US\$	2013-2017	ACS
	Households who receive SNAP that have children	58.5	%	2012-2016	ACS
	Median household income	93,400	2017 US\$	2013-2017	ACS
	Renters spending 30% or more on rent	43.8	%	2012-2016	ACS
	Children living in poverty	15.2	%	2012-2016	ACS
	People 65+ living in poverty	8.9	%	2012-2016	ACS
	People living in poverty	9.8	%	2012-2016	ACS
	Annual unemployment rate	2.9	%	2017	BLS LAUS
	Income inequality (ratio 80th percentile to 20th percentile)	4.1		2017	CHR
	Severe housing problems	15.5	%	2010-2014	CHR
	Social and economic factors ranking	24	of 133 VA counties	2018	CHR
	Median household income for families in subsidized housing	16,901	US\$	2017	HUD
	Students eligible for free or reduced lunch	37.3	%	2015-2016	NCES
	Worried about having money to pay rent/mortgage in past year	34.7	%	2017	VA BRFSS
Educational opportunities	People 25+ with a Bachelor's degree or higher	62.1	%	2012-2016	ACS
	Bullied on school property grade 10-12	12	%	2016	Alex YRBS
	Electronically bullied grade 10-12	8.9	%	2016	Alex YRBS
	Bullied on school property grade 8	10.1	%	2016	Alex YRBS
	ACPS in-school suspension ratio to enrollment for Black students	1.7	times rate of enrollment	2015	CRDC
	ACPS law enforcement referral ratio to enrollment for Black students	2.3	times rate of enrollment	2015	CRDC
	ACPS out of school suspension ratio to enrollment for Black students	1.8	times rate of enrollment	2015	CRDC
	Proportion of students receiving advanced studies diploma	35.2	%	2017	VA Dept of Ed
Enrolled in any post-secondary school	71	%	2016	VA Dept of Ed	
4-year graduation rate	83.1	%	2017	VA Dept of Ed	
Health related quality of life and well-being	Frequent physical distress	9.6	%	2016	CHR
	Health behaviors ranking	9	out of 133 VA counties	2018	CHR
	Mortality ranking (Length of life)	8	out of 133 VA counties	2018	CHR
	Morbidity ranking (Quality of life)	18	out of 133 VA counties	2018	CHR
	Premature death (YPLL rate)	4,198	years of potential life lost	2014-2016	CHR
	Social associations	22.9	per 10,000 population	2016	CHR
	Life expectancy at birth for females	83.3	years	2014	IHME
	Life expectancy at birth for males	79.9	years	2014	IHME
	Poor or fair health, age-adjusted	13	%	2016	VA BRFSS
	Self reported general health: good or better	83.4	%	2013	VA BRFSS
All cause mortality rate	4.3	per 1,000 population	2016	VDH	

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Topic Category	Indicator Name	Value	Unit of Measure	Year	Data Source
Healthcare access	Below 138% FPL uninsured	33.3	%	2013-2017	ACS
	Persons without health insurance, census estimates	13.7	%	2017	ACS
	Medical home or usual doctor when sick, 10-12 grade	82.3	%	2016	Alex YRBS
	Physical well-check within past 2 years, 10-12 grade	92.4	%	2016	Alex YRBS
	Non-physician primary care provider rate	64	per 100,000 population	2017	CHR
	Primary care provider rate	67	per 100,000 population	2017	CHR
	Dentist rate	78	per 100,000 population	2017	CHR
	Mental health provider rate	279	per 100,000 population	2017	CHR
	Clinical care ranking	73	of 133 counties	2018	CHR
	Mammogram: Medicare population	64.5	%	2015	DAH
	Diabetes Hgb A1C monitoring: Medicare population	84.3	%	2015	DAH
	Preventable hospital stays: Medicare population	40.9	per 1,000 Medicare enrollees	2015	DAH
	Adults with health insurance, small area estimates	87.1	%	2016	SAHE
	Children with health insurance, small area estimates	93.3	%	2016	SAHE
	Has not had to skip doctor because of cost	86.3	%	2014	VA BRFSS
	Colon cancer screening (colonoscopy or sigmoidoscopy)	68	%	2012	VA BRFSS
	Mammogram in past 2 years 40+	69	%	2015	VA BRFSS
PAP test in past three years 18+	76	%	2012	VA BRFSS	
Age-adjusted hospitalization for uncontrolled diabetes	2	per 10,000 population (18+)	2015	VHI	
Immunizations and infectious disease	Flu vaccination	43.1	%	2014	BRFSS SAE
	Shingles vaccination	37.7	%	2014	BRFSS SAE
	Tdap vaccination	26.9	%	2014	BRFSS SAE
	Tetanus vaccination	61.2	%	2014	BRFSS SAE
	Adults 65+ with pneumo vaccine	60.3	%	2005-2010	VA BRFSS
	Campylobacter incidence	24.4	per 100,000 population	2017	VDH
	Cryptosporidiosis incidence	7.1	per 100,000 population	2017	VDH
	E. Coli Shiga Toxin producing incidence	3.2	per 100,000 population	2017	VDH
	Giardiasis incidence	10.3	per 100,000 population	2017	VDH
	Lyme's disease incidence	14.1	per 100,000 population	2017	VDH
	Salmonellosis incidence	14.8	per 100,000 population	2017	VDH
	Tuberculosis incidence	6.4	per 100,000 population	2017	VDH
	Pertussis incidence	2	per 100,000 population	2017	VDH
	Varicella (Chickenpox) incidence	8.3	per 100,000 population	2017	VDH
	Hepatitis B, Chronic	71.9	per 100,000 population	2017	VDH
Hepatitis C infection, chronic	102.7	per 100,000 population	2017	VDH	
School vaccination coverage rate, 8th grade	97.2	%	2018	VS/ISS	
School vaccination coverage rate, kindergarten	95.2	%	2018	VS/ISS	
Injury and violence	Carried a weapon in the past month, grade 10-12	8.1	%	2016	Alex YRBS
	Been in a physical fight in the past 12 months, grade 10-12	15.7	%	2016	Alex YRBS
	Approached about joining a gang, grade 10-12	4	%	2016	Alex YRBS
	Rode with drunk driver in past month, grade 10-12	19.5	%	2016	Alex YRBS
	Texted or emailed while driving, grade 10-12	29.1	%	2016	Alex YRBS
	Alcohol or drugs used before last sexual encounter, grade 10-12	14.9	%	2016	Alex YRBS
	Violent crime rate	176	per 100,000 population	2012-2014	CHR
	Adult seatbelt use	97.1	%	2014	VA BRFSS
	Mortality: homicide	1.9	per 100,000 population	2016	VDH
	Hospitalizations: all-cause injury or violence	261.9	per 100,000 population	2016	VOIRS
	Hospitalizations: Unintentional fall	161.1	per 100,000 population	2016	VOIRS
	Hospitalizations: firearms	0	per 100,000 population	2016	VOIRS
	Hospitalizations: motor vehicle	14.8	per 100,000 population	2016	VOIRS
	Hospitalizations: poisoning	42.4	per 100,000 population	2016	VOIRS
	Hospitalizations: traumatic brain injury	39.8	per 100,000 population	2016	VOIRS
	Hospitalizations: assault	5.1	per 100,000 population	2016	VOIRS
	Mortality: all-cause injury or violence	41.7	per 100,000 population	2016	VOIRS
	Mortality: unintentional fall	12.2	per 100,000 population	2016	VOIRS
	Mortality: firearms	5.8	per 100,000 population	2016	VOIRS
Mortality: motor vehicle	3.2	per 100,000 population	2016	VOIRS	
Mortality: poisoning	9.6	per 100,000 population	2016	VOIRS	
Maternal, infant, and child health	Child mortality rate	60	per 100,000 children <18 years	2013-2016	CHR
	Teen birth rate <19	9.9	per 1,000 births	2016	VDH
	Teen birth rate <15	0.3	per 1,000 births	2016	VDH
	Teen birth rate 15-17	8.8	per 1,000 births	2016	VDH
	Teen birth rate 18-19	38.8	per 1,000 births	2016	VDH
	Infants born preterm	8.4	%	2015	VDH
	No prenatal care until 3rd trimester	4.3	%	2015	VDH
	Smoking during pregnancy	0.4	%	2014	VDH
	Infant mortality rate	1.4	per 1,000 births	2016	VDH
	Babies with low birth weight	6.8	%	2016	VDH
Mothers who received early prenatal care	70.3	%	2013	VDH	

2019 Community Health Assessment
Appendix E. Community Health Status Assessment Results

Topic Category	Indicator Name	Value	Unit of Measure	Year	Data Source
Mental health	Attempted suicide, 10-12 grade	6.9	%	2016	Alex YRBS
	Injury from attempted suicide, 10-12 grade	6.9	%	2016	Alex YRBS
	Attempted suicide, 8th grade	7.4	%	2016	Alex YRBS
	Sad or hopeless feelings 2+ wks, grade 8	24.5	%	2016	Alex YRBS
	Sad or hopeless feelings 2+ wks, 10-12 grade	29.4	%	2016	Alex YRBS
	Frequent mental distress	10.2	%	2016	CHR
	Depression: Medicare population	11.7	%	2015	CMS
	Adults ever diagnosed with depression	13.1	%	2014	VA BRFSS
	Poor mental health: 5+ days	20.8	%	2014	VA BRFSS
	Age-adjusted hospitalization from self-harm	23.2	per 100,000 population	2016	VOIRS
Age-adjusted suicide mortality	10.6	per 100,000 population	2016	VOIRS	
Neighborhood and built environment	Long commute driving alone	44.6	%	2012-2016	ACS
	Mean travel time to work	31.1	minutes	201-2016	ACS
	Workers commuting via public transit	22.2	%	2012-2016	ACS
	Workers who walk to work	3.5	%	2012-2016	ACS
	Food Environment Index	8.7	0 (worst) to 10 (best)	2017	CHR
	Average daily particulate matter	10	PM2.5	2012	CHR
	Residential segregation non white/white index	35	0 (full integration) to 100	2012-2016	CHR
	Residential segregation black/white index	39	0 (full integration) to 100	2012-2016	CHR
	Physical environment ranking	72	of 133 health districts	2018	CHR
	Subsidized housing units available	4,014	housing units	2017	HUD
	Percent of subsidized units occupied	87	%	2017	HUD
	Number of people who live in subsidized housing	6,890	people	2017	HUD
	Average months on housing waiting list	57	months	2017	HUD
SNAP Certified stores	0.4	per 1,000 population	2016	USDA	
Recreation and fitness facilities	0.2	per 100,000 population	2014	USDA	
Obesity, nutrition, and physical activity	Kindergarteners who are obese	18.3	%	2016	ACPS BMI
	Physically active 5+ days/week 10-12 grade	30.6	%	2016	Alex YRBS
	Adults who are obese	21.6	%	2014	CHR
	Adults who are sedentary	15.7	%	2014	CHR
	Access to exercise opportunities	100	%	2018	CHR
	Food insecure kids unlikely eligible for SNAP	28	%	2016	Feeding America
	Child food insecurity rate	11	%	2016	Feeding America
	Food insecurity rate	10	%	2016	Feeding America
	Adults who consume fruits or vegetables <5 x per day	81	%	2013	VA BRFSS
	Worried about affording nutritious meals in past year	28	%	2014	VA BRFSS
Adults engaging in physical activity in the past month	86.9	%	2014	VA BRFSS	
Adults who are overweight or obese	59	%	2012	VA BRFSS	
Oral health	Age-adjusted teeth loss	9.2	%	2016	500 Cities
	Patients seen for dental services, Neighborhood Health (FQHC)	25.1	%	2017	HRSA UDS
	Dental sealants for children 6-9 years, Neighborhood Health (FQHC)	64.3	%	2017	HRSA UDS
	Visited dentist in past year	64	%	2013-2014	VA BRFSS
Sexual and reproductive health	Students who have ever had sex, grade 10-12	28.9	%	2016	Alex YRBS
	Students who have ever had sex, grade 8	6.7	%	2016	Alex YRBS
	Students who had sex before age 13, grade 10-12	2.9	%	2016	Alex YRBS
	Students who used no method to prevent pregnancy at last sex, grade 10-12	10.1	%	2016	Alex YRBS
	Students who used long acting methods to prevent pregnancy	12.4	%	2016	Alex YRBS
	Condom use at last sex, grade 10-12	60.3	%	2016	Alex YRBS
	Ever tested for STIs, grade 10-12	10.5	%	2016	Alex YRBS
	Ever tested for HIV, grade 10-12	9.7	%	2016	Alex YRBS
	Teen pregnancy rate <19 yrs	17.3	per 1,000 females	2016	VDH
	Teen pregnancy rate 18-19 yrs	72.8	per 1,000 females age 18-19	2016	VDH
	Teen pregnancy rate (15-17)	12.9	per 1,000 females age 15-17	2016	VDH
	New syphilis infections, early stage (incidence)	23.2	per 100,000 population	2014	VDH
	New HIV infections (incidence)	19.3	per 100,000 population	2017	VDH
New chlamydia infections (incidence)	438.4	per 100,000 population	2016	VDH	
New gonorrhea infections (incidence)	127	per 100,000 population	2016	VDH	
People living with HIV/AIDS (prevalence)	766	per 100,000 population	2017	VDH	
Tobacco and substance use	Cigarette smoking, grade 10-12	3.9	%	2016	Alex YRBS
	E-cigarette use, grade 10-12	7.5	%	2016	Alex YRBS
	Alcohol use, grade 10-12	23.2	%	2016	Alex YRBS
	Marijuana use, grade 10-12	15.9	%	2016	Alex YRBS
	Cigarette smoking, grade 8	3.4	%	2016	Alex YRBS
	Marijuana use, grade 8	4.8	%	2016	Alex YRBS
	Alcohol use, grade 8	7.4	%	2016	Alex YRBS
	E-cigarette use, grade 8	6	%	2016	Alex YRBS
	Driving deaths due to alcohol	40	%	2012-2016	FARS
	Adult smoking	14	%	2016	VA BRFSS
	Adults who drink excessively	20.5	%	2016	VA BRFSS
	Neonatal Abstinence Syndrome (NAS) rate	1.7	per 1,000 live births	2017	VDH
	ED rate - heroin OD	10.3	per 100,000 population	2017	VDH
	ED rate - Rx Opioid OD	74.4	per 100,000 population	2017	VDH
	Mortality rate - heroin/fentanyl OD	4.5	per 100,000 population	2017	VDH
Mortality rate - Rx Opioid OD	3.9	per 100,000 population	2017	VDH	

Health Indicator Scoring Narrative

The following figures provide a narrative of how quantitative data in Figure E2 were “scored” within health topic categories, relative to the presence and magnitude of disparities, progress, and benchmarks.

Where available, demographic characteristics used to evaluate **disparities** were:

- **Gender** (male or female)
- **Race** (Black or African American, White, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native, and Other)
- **Ethnicity** (Hispanic or Latino)
- **Sexual orientation** (LGB or heterosexual)
- **Age** (infants/children [<18], young adult [19-25], adults [19-64], older adult [55+])
- **Zip code** (22314, 22301, 22302, 22305, 22304, 22311, 22312)

Age categories overlap because of differences in how age categories were defined across datasets. Race is independent of ethnicity, and each may be defined differently across datasets. Other characteristics such as household income less than \$50,000 per year, foreign-born status, having less than a high school diploma, and poverty were considered when data were available.

Progress was assessed using the most recently available prior year of data. **Benchmarks** included national, state, and regional comparisons, as well as comparison with Healthy People 2020 (HP2020) goals where they have been established. Differences greater than one percentage point were considered improved or worsened (for progress), and met or unmet (for benchmarks). Figure E3 provides guidance for understanding icons used in Figures E4–E17.

Figure E3. Icon Key

	Disparities	Progress	Benchmarks
	>100% difference for most indicators	More indicators in category worsened or stayed the same	More indicators in category have not met benchmarks
	10-99% difference for most indicators	Same number of indicators are getting better or worse, or staying the same	Same number of indicators in category have met or not met benchmarks
	<10% difference for most indicators	More indicators in category improved	More indicators in category have met benchmarks
	Differences on state or national level, but local data not available	N/A	N/A
	Data not available to assess		

Figure E4. Chronic Conditions

 Disparities	 Progress	 Benchmarks	35 Indicators
<ul style="list-style-type: none"> • Black or African American (asthma, COPD, diabetes, heart failure, hypertension, cancer mortality, breast cancer incidence) • Hispanic (diabetes, long-term diabetes complications) • Women (asthma) • Men (heart failure and cancer incidence) • Non-Hispanic (cancer incidence and mortality) • Older adults (disability, heart failure, asthma, COPD, diabetes) • Zip codes 22314, 22301, 22305, 22304, 22311, 22312 (asthma, diabetes, long term diabetes complications) 	<p>15 indicators improved:</p> <ul style="list-style-type: none"> • Breast, colon, prostate, cancer incidence and mortality • Hypertension, heart disease, high cholesterol, heart failure and atrial fibrillation among Medicare beneficiaries • Heart disease mortality • Diagnosed with arthritis <p>12 stayed the same or worsened:</p> <ul style="list-style-type: none"> • Adults with COPD • Chronic respiratory disease mortality • Adults with diabetes • Rheumatoid and osteoarthritis • Chronic kidney disease • Diabetes mortality • Lung cancer incidence <p>8 indicators could not be assessed for progress</p>	<p>Better or same than state, region, and HP 2020 for 21 indicators</p> <p>Worse than state and region, and HP2020 on 11 indicators related to:</p> <ul style="list-style-type: none"> • Asthma hospitalization • COPD hospitalization • Breast cancer mortality • All cancer mortality • Diabetes hospitalization and mortality • Arthritis • Alzheimer’s and dementia <p>3 indicators could not be assessed</p>	<ul style="list-style-type: none"> • Rheumatoid arthritis or osteoarthritis: Medicare population; Chronic kidney disease: Medicare population; Stroke: Medicare population; Hypertension: Medicare population; Ischemic heart disease: Medicare population; Hyperlipidemia: Medicare population; Heart failure: Medicare population; Atrial fibrillation: Medicare population; Alzheimer's disease or dementia: Medicare population; <65 yrs. with Alzheimer's or dementia: Medicare population • Breast cancer incidence; Age-adjusted breast cancer mortality; Colon cancer incidence; Age-adjusted colorectal cancer mortality; Lung cancer incidence; Age-adjusted lung cancer mortality; Prostate cancer incidence; Age-adjusted prostate cancer mortality; All cancer incidence; All cancer age-adjusted mortality • Adults ever with asthma; Adults ever with arthritis, RA, gout, lupus, or fibromyalgia; Adults ever with COPD, emphysema or chronic bronchitis; Adults ever with diabetes • Age-adjusted death rate due to chronic lower respiratory disease; Age-adjusted diabetes mortality; Age-adjusted heart disease mortality; Age-adjusted stroke mortality; Age-adjusted COPD hospitalization; Age-adjusted adult asthma hospitalization; Age-adjusted hospitalization due to pediatric asthma; Age-adjusted hospitalization due to diabetes; Age-adjusted hospitalization due to long term diabetes complications; Age-adjusted hospitalization from heart failure; Age-adjusted hospitalization from hypertension

Figure E5. Economic Stability

 Disparities	 Progress	 Benchmarks	19 Indicators
<ul style="list-style-type: none"> • Women (poverty, income inequality) • Black or African American, American Indian/Alaskan Native (AIAN), Native Hawaiian/Other Pacific Islander (NHOPI) (poverty, income inequality) • Hispanic (poverty, income inequality) • Infants and children, young adults, older adults (poverty) • Zip 22314, 22302, 22305, 22304, 22311, 22312 (poverty, SNAP) • Less than HS Diploma (poverty) • Living with disability (poverty) 	<p>1 improved (students eligible for free or reduced cost lunch)</p> <p>8 stayed same or worsened:</p> <ul style="list-style-type: none"> • Median monthly mortgage expense • Median annual household income • Poverty measures (total, 65+, and children) • Severe housing problems • Unemployment rate • Households with children who receive SNAP <p>8 not assessed</p>	<p>Better than state or region on unemployment</p> <p>Rank 24th out of 133 VA counties for economic and social factors</p> <p>Worse than top performing counties, state, or region for 9 of 11 indicators related to: housing costs, poverty, income inequality, students eligible for free/reduced cost lunch, and housing stress</p>	<ul style="list-style-type: none"> • Median monthly mortgage expenses • Median gross rent for 2 bedroom • Households who receive SNAP that have children • Income inequality (ratio of income at 80th percentile to income at 20th percentile) • Worried about money to pay rent/mortgage in past year • Subsidized housing units available • Percent of subsidized units occupied • Number of people who live in subsidized housing • Average months on housing waiting list • Median household income for families in subsidized housing • Median household income • Children living in poverty • People 65+ living in poverty • People living in poverty • Severe housing problems • Social and economic factors ranking • Students eligible for free or reduced lunch • Annual unemployment rate

Figure E6. Educational Opportunities

 Disparities	 Progress	 Benchmarks	10 Indicators
<ul style="list-style-type: none"> • Male students (advanced academics, graduation rate) • Black or African American students (discipline, graduation rate, advanced academics) • Hispanic students (graduation rate, advanced academics) • Low income students (post-secondary school, graduation rate) • Students with disabilities (discipline, post-secondary school) • Students with limited English proficiency (advanced academics, graduation rate) • Female students (online bullying) <p><i>Many disparities in category, but most were between 10-99% different (except discipline)</i></p>	<p>4 improved:</p> <ul style="list-style-type: none"> • Online and in-person bullying • 25+ with Bachelor's degree or higher <p>1 stayed same or worsened:</p> <ul style="list-style-type: none"> • 4-year graduation rate <p>5 could not be assessed</p>	<p>Better than national stats: bullying (online and in-person)</p> <p>Worse than top performing counties for 4-year graduation rate</p> <p>Have not met HP2020 benchmark (87%) and worse than state rate (91%) for 4-year graduation rate</p> <p>7 other benchmarks not assessed</p> <p><i>Many benchmarks not established for equal opportunity indicators (i.e. discipline for kids of color, advanced studies)</i></p>	<ul style="list-style-type: none"> • Proportion of students receiving advanced studies diploma • Enrolled in any post-secondary school • Bullied on school property grade 10-12 • Electronically bullied grade 10-12 • ACPS in-school-suspension to enrollment ratio for Black or African American students • ACPS law enforcement referral to enrollment ratio for Black students • ACPS out of school suspension to enrollment ratio for Black or African American students • Bullied on school property grade 8 • 4-year graduation rate • People 25+ with a Bachelor's degree or higher

Figure E7. Health Related Quality of Life and Well-Being

 Disparities	 Progress	 Benchmarks	11 Indicators
<ul style="list-style-type: none"> • Black or African American (premature death, all-cause mortality) <p><i>Disparities not able to be assessed for many indicators but those assessed between 10-99%</i></p>	<p>3 improved:</p> <ul style="list-style-type: none"> • All-cause mortality rate • Health behaviors rank • Morbidity ranking (quality of life) <p>6 stayed the same or worsened:</p> <ul style="list-style-type: none"> • Frequent physical distress • Mortality ranking • Social associations • Poor or fair health • Life expectancy male and females <p>2 not assessed</p>	<p>Better than state on 3 measures (physical distress, mortality rate, social associations)</p> <p>Length of life ranking 8 of 133 (top 10%) and</p> <p>Quality of life ranking 18 of 133 (top 15%)</p> <p>Worse than state or high performing counties on 3 measures (premature death, self-reported good health, and poor health)</p> <p>5 indicators not assessed</p>	<ul style="list-style-type: none"> • Frequent physical distress • All-cause mortality rate • Poor or fair health, age-adjusted • Health behaviors ranking • Life expectancy at birth for females • Life expectancy at birth for males • Mortality ranking (Length of life) • Morbidity ranking (Quality of life) • Premature death (YPLL rate) • Self-reported general health: good or better • Social associations

Figure E8. Healthcare Access

 Disparities	 Progress	 Benchmarks	19 Indicators
<ul style="list-style-type: none"> • Black or African American (health insurance, mammogram, uncontrolled diabetes) • Hispanic (insurance, usual medical home) • Infants and Children, young adults, and mid-age adults (insurance coverage and <138 FPL uninsured) • Low-income (insurance coverage) • Less than HS Diploma (insurance coverage) • Foreign born (insurance coverage) 	<p>8 Improved:</p> <ul style="list-style-type: none"> • Non-physician PCP, dentist, and mental health provider to population ratios • Student access to healthcare <p>7 stayed the same or worsened:</p> <ul style="list-style-type: none"> • Health insurance coverage adults and kids • PCP rate • Clinical care ranking down to 73 from 58 <p>4 not assessed</p>	<p>Clinical Care Ranking: 73 of 133 counties.</p> <p>Have not met HP2020 benchmarks for health insurance coverage and preventive screenings</p> <p>Worse than state on 10 indicators: skipping doctor because of cost, insurance coverage, and preventive screenings</p> <p>7 not assessed</p>	<ul style="list-style-type: none"> • Age-adjusted hospitalization for uncontrolled diabetes • Below 138% FPL uninsured • Persons without health insurance, census estimates • Medical home or usual doctor when sick, 10-12 grade • Physical well-check within past 2 years, 10-12 grade • Mammogram: Medicare population • Has not had to skip doctor because of cost • Non-physician primary care provider rate • Primary care provider rate • Dentist rate • Mental health provider rate • Diabetes Hgb A1C monitoring: Medicare population • Colon cancer screening (colonoscopy or sigmoidoscopy) • Adults with health insurance, small area estimates • Children with health insurance, small area estimates • Mammogram in past 2 years 40+ • PAP test in past three years 18+ • Preventable hospital stays: Medicare population • Clinical care ranking

Figure E9. Immunizations and Infectious Disease

 Disparities	 Progress	 Benchmarks	18 Indicators
<p><i>County level data by subpopulation not available and unknown disparities at state or national level</i></p>	<p>6 improved:</p> <ul style="list-style-type: none"> • Campy • Crypto • Salmonella • Tuberculosis • Pertussis • Chickenpox <p>5 stayed the same or worsened:</p> <ul style="list-style-type: none"> • Giardia • Lyme • Hepatitis B+C • STEC <p>7 not assessed (<i>mostly immunizations</i>)</p>	<p>Worse than region and state on 9 indicators (campy, crypto, giardia, pertussis, chickenpox, hepatitis B+C)</p> <p>Better than region and state on 2 indicators (Lyme and salmonella)</p> <p>7 not assessed (<i>mostly immunizations</i>)</p>	<ul style="list-style-type: none"> • Campylobacter incidence • Cryptosporidiosis incidence • E. Coli Shiga Toxin producing incidence • Giardiasis incidence • Lyme's disease incidence • Salmonellosis incidence • Tuberculosis incidence • School vaccination coverage rate, 6th grade • School vaccination coverage rate, kindergarten • Pertussis incidence • Varicella (Chickenpox) incidence • Hepatitis B, Chronic • Flu vaccination • Shingles vaccination • Tdap vaccination • Tetanus vaccination • Adults 65+ with pneumo vaccine • Hepatitis C infection, chronic

Figure E10. Injury and Violence

 Disparities	 Progress	 Benchmarks	21 Indicators
<ul style="list-style-type: none"> • Male students (carried weapon and approached by a gang) <p><i>Other disparities not able to be assessed but are present at state/national level</i></p>	<p>12 stayed the same or worsened:</p> <ul style="list-style-type: none"> • Students in physical fight, rode with drunk driver, and texted while driving • Hospitalization: All-cause injury/violence, unintentional fall, poisoning, and traumatic brain injury • Mortality: unintentional fall, firearms, motor vehicle, poisoning. <p>9 improved:</p> <ul style="list-style-type: none"> • Students carrying weapons, approached about gang, alcohol/drug use at last sex • Firearm, motor vehicle, and assault hospitalizations • Homicide mortality • Violent crime rate • Adult seatbelt use 	<p>Better than CDC benchmark on 5 YRBS indicators (students carrying weapons, gangs, physical fights, etc.)</p> <p>Better or same as state and region on 12 measures (all hospitalizations and mortality, except unintentional fall)</p> <p>Worse than region on 3 indicators (adult seatbelt use, poisoning hospitalization, mortality due to unintentional fall)</p> <p>1 not assessed</p>	<ul style="list-style-type: none"> • Carried a weapon in the past month, grade 10-12 • Been in a physical fight in the past 12 months, grade 10-12 • Approached about joining a gang, grade 10-12 • Rode with drunk driver in past month, grade 10-12 • Texted or emailed while driving, grade 10-12 • Alcohol or drugs used before last sexual encounter, grade 10-12 • Adult seatbelt use • Hospitalizations: all-cause injury or violence • Hospitalizations: Unintentional fall • Hospitalizations: firearms • Hospitalizations: motor vehicle • Hospitalizations: poisoning • Hospitalizations: traumatic brain injury • Hospitalizations: assault • Mortality: all-cause injury or violence • Mortality: unintentional fall • Mortality: firearms • Mortality: motor vehicle • Mortality: poisoning • Mortality: homicide • Violent crime rate

Figure E11. Maternal, Infant, and Child Health

 Disparities	 Progress	 Benchmarks	11 Indicators
<ul style="list-style-type: none"> • Black or African American, and other race (birth rate among adolescents, child mortality rate, low birth weight, infant mortality rate) • Hispanic (birth rate among adolescents, child mortality rate, low birth weight) <p><i>Most disparities are between 10-99%</i></p>	<p>7 improved</p> <ul style="list-style-type: none"> • Birth rate among <19 yrs old and 18-19 yrs old • Preterm infants • Smoking during pregnancy • Child mortality rate • Infant mortality rate • Low birth weight <p>3 stayed the same or worsened</p> <ul style="list-style-type: none"> • Birth rate among 15-17 year olds • Delayed prenatal care • Early prenatal care <p>1 not assessed</p>	<p>Have met 2 HP2020 goals (infant mortality and low birth weight)</p> <p>Worse than state and region on 7 indicators (birth rates among adolescents, delayed prenatal care, and child mortality)</p> <p>Did not meet early prenatal care HP2020 goal</p>	<ul style="list-style-type: none"> • Birth rate among adolescents <19 • Birth rate among adolescents <15 • Birth rate among adolescents 15-17 • Birth rate among adolescents 18-19 • Infants born preterm • No prenatal care until 3rd trimester • Smoking during pregnancy • Child mortality rate • Infant mortality rate • Babies with low birth weight • Mothers who received early prenatal care

Figure E12. Mental Health

 Disparities	 Progress	 Benchmarks	11 Indicators
<ul style="list-style-type: none"> • Female students (suicidal ideation, attempt, and injury) • Women (all ages, hospitalization self-harm) • Lesbian, Gay, Bisexual (LGB) students (sad hopeless feelings, suicidal ideation, attempt suicide) • Men (suicide mortality) 	<p>3 improved (students w/ sad or hopeless feelings, middle school attempt suicide)</p> <p>7 stayed the same or worsened:</p> <ul style="list-style-type: none"> • High school students attempt suicide, injury from attempt • All ages suicide mortality (age-adjusted) • Adults diagnosed with depression • Poor mental health more than 5 days • Frequent mental distress • Depression among Medicare enrollees <p>1 not assessed</p>	<p>Better than national for 2 indicators (high school students attempt suicide and feeling sad or hopeless more than 2 weeks)</p> <p>Better than state on 4 indicators (depression, suicide mortality, frequent distress)</p> <p>Worse than national on 2 indicators: high school student injury from attempt suicide and all ages suicide mortality</p> <p>4 not assessed</p>	<ul style="list-style-type: none"> • Attempted suicide, 10-12 grade • Injury from attempted suicide, 10-12 grade • Attempted suicide, 8th grade • Sad or hopeless feelings 2+ wks, grade 8 • Sad or hopeless feelings 2+ wks, 10-12 grade • Adults ever diagnosed with depression • Age-adjusted hospitalization from self-harm • Age-adjusted suicide mortality • Frequent mental distress • Depression: Medicare population • Poor mental health: 5+ days

Figure E13. Neighborhood and Build Environment

 Disparities	 Progress	 Benchmarks	12 Indicators
<ul style="list-style-type: none"> • Low-income (>30% median income on rent) • Younger adults (>30% income on rent) • Older adults (>30% income on rent) • 22302, 22305, 22304, 22311, 22312, 22314 (>30% income on rent) <p><i>Alexandria has more residential segregation than high-ranking counties</i></p> <p><i>Disparities in category mostly 10-99% different</i></p>	<p>3 improved:</p> <ul style="list-style-type: none"> • Air pollution • Residential segregation measures <p>3 stayed the same or worsened:</p> <ul style="list-style-type: none"> • Workers who walk • Long commute alone • Renters who spend >30% of income on rent <p>6 not assessed</p>	<p>Met 2 HP2020 benchmarks: public transit and walking to work</p> <p>Worse than state, region, and top performing counties on 6 indicators (median rent, worry about paying rent/mortgage, air pollution, residential segregation)</p> <p>8 not assessed</p>	<ul style="list-style-type: none"> • Food Environment Index • Average daily particulate matter • Long commute driving alone • SNAP Certified stores • Residential segregation non-white/white index • Residential segregation Black/white index • Renters spending 30% or more on rent • Mean travel time to work • Workers commuting via public transit • Workers who walk to work • Physical environment ranking • Recreation and fitness facilities

Figure E14. Obesity, Nutrition, and Physical Activity

 Disparities	 Progress	 Benchmarks	12 Indicators
<ul style="list-style-type: none"> • Black or African American (Kindergarten obesity, physical activity among high-school students) • Hispanic (Kindergarten obesity) • Zip codes 22305, 22304, 22311, 22312 (Kindergarten obesity) • Female students (Physical activity among high-school students) 	<p>2 improved:</p> <ul style="list-style-type: none"> • Food insecure kids likely ineligible for SNAP • Child food insecurity rate <p>6 stayed the same or worsened</p> <ul style="list-style-type: none"> • Adult obesity and sedentism • Kindergarten obesity • Physical activity among high-school students • Food insecurity rate • Adult physical activity <p>4 not assessed</p>	<p>Better than region and state on 3 indicators: obesity, overweight, and physical activity among adults</p> <p>Met HP2020 benchmarks for adult obesity and sedentism</p> <p>Worse than national, region, and state on 4 indicators: vegetable/fruit consumption, stress about affording nutritious meals, Kindergarteners who are obese and physical activity 5+ days per week 10-12 grade</p>	<ul style="list-style-type: none"> • Kindergarteners who are obese • Physically active 5+ days per week 10-12 grade • Adults who are obese • Adults who are sedentary • Adults who consume fruits or vegetables <5 times per day • Worried about affording nutritious meals in past year • Food insecure kids unlikely eligible for SNAP • Access to exercise opportunities • Adults engaging in physical activity in the past month • Adults who are overweight or obese • Child food insecurity rate • Food insecurity rate

Figure E15. Oral Health

 Disparities	 Progress	 Benchmarks	4 Indicators
<p><i>Local level data by race, ethnicity, age, etc. not available.</i></p>	<p>1 improved:</p> <ul style="list-style-type: none"> • Adults reporting dental visit in past year <p>2 worsened:</p> <ul style="list-style-type: none"> • Dental sealants • Age adjusted tooth loss <p>1 not assessed</p>	<p>Worse than region and state on 1 measure (dentist visit in past year)</p> <p>3 benchmarks not assessed.</p>	<ul style="list-style-type: none"> • Neighborhood health % of patients seen for dental services • Neighborhood Health dental sealants for children 6-9 years • Visited dentist in past year • Age adjusted teeth loss

Figure E16. Sexual and Reproductive Health

 Disparities	 Progress	 Benchmarks	16 Indicators
<ul style="list-style-type: none"> • Males (sexually active in middle school) • Black or African American (sexually active in middle school, pregnancy rate among teens, HIV incidence and prevalence) • Other race (pregnancy rate) • Asian (sexually active in middle school) • Hispanic (sexually active in middle school pregnancy rate among teens, HIV incidence and prevalence) • LGBT (HIV incidence and prevalence, syphilis incidence) • Female students (chlamydia incidence, condom use at last sex) 	<p>8 Improved:</p> <ul style="list-style-type: none"> • Pregnancy rate among <19 and 18-19 yr olds • Students who have sex, have sex before age 13, and who used condom at last sex • HIV incidence rate <p>8 stayed the same or worsened:</p> <ul style="list-style-type: none"> • Students with no method to prevent pregnancy or STI, students tested for STI or HIV • Pregnancy rate among 15-17 year olds • HIV prevalence, chlamydia, gonorrhea, syphilis incidence. 	<p>Met HP2020 benchmarks for pregnancy rates among teens, and met CDC for students who have sex or have sex <13 yrs</p> <p>Worse than region and state for 8 measures</p> <ul style="list-style-type: none"> • Pregnancy rate among <19, 18-19 and 15-17 year olds • HIV incidence and prevalence • Syphilis, gonorrhea, and chlamydia incidence 	<ul style="list-style-type: none"> • Teen pregnancy rate <19 yrs • Students who have ever had sex, grade 10-12 • Students who have ever had sex, grade 8 • Students who had sex before age 13, grade 10-12 • Students who used no method to prevent pregnancy at last sex, grade 10-12 • Students who used long acting methods to prevent pregnancy • Teen pregnancy rate 18-19 yrs • Teen pregnancy rate (15-17) • Condom use at last sex, grade 10-12 • Ever tested for STIs, grade 10-12 • New syphilis infections, early stage (incidence) • Ever tested for HIV, grade 10-12 • New HIV infections (incidence) • New chlamydia infections (incidence) • New gonorrhea infections (incidence) • People living with HIV/AIDS (prevalence)

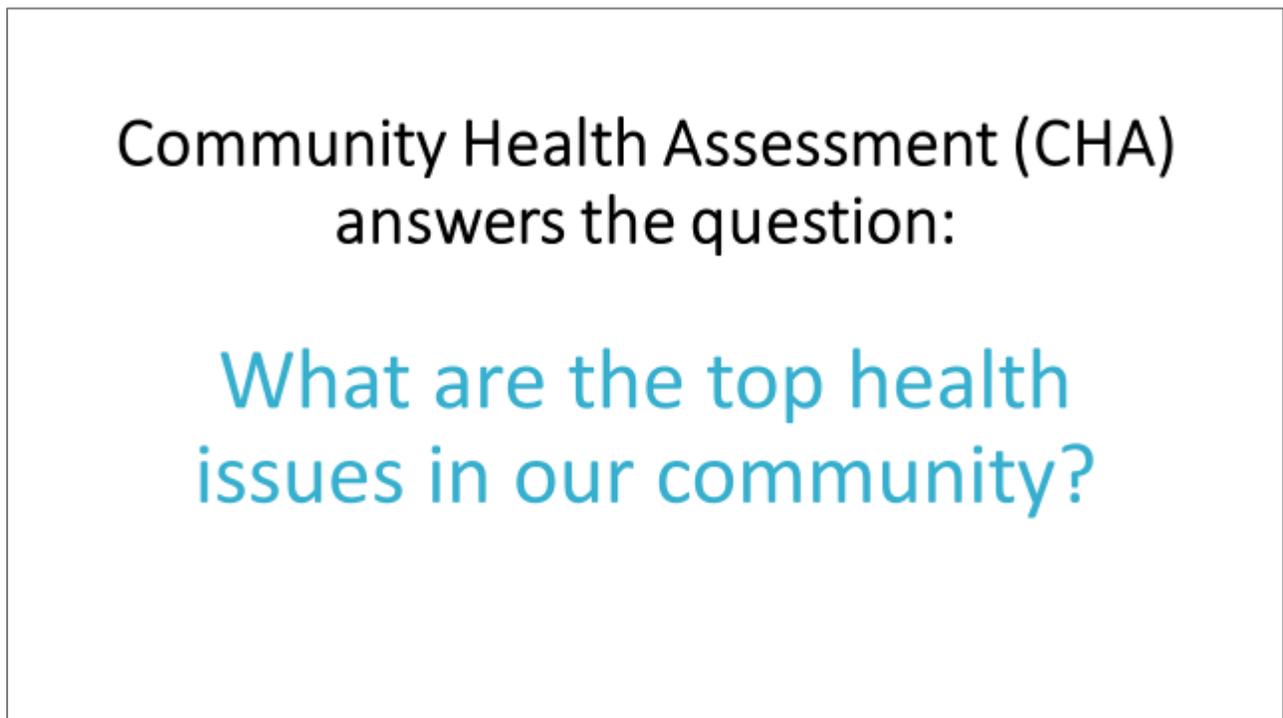
Figure E17. Tobacco and Substance Use

 Disparities	 Progress	 Benchmarks	16 Indicators
<ul style="list-style-type: none"> • Hispanic students (cigarettes, e-cigarettes, alcohol, marijuana) • Black or African American students (cigarettes, e-cigarettes, alcohol, and marijuana) • White students (cigarettes, alcohol, and marijuana) • Asian students (cigarettes, e-cigarettes, marijuana) • Female students (alcohol and marijuana) • Male students (cigarettes) • Older adults (prescription opioid, heroin, fentanyl overdose and overdose mortality) • Younger adults (heroin and prescription opioid overdose) 	<p>7 improved:</p> <ul style="list-style-type: none"> • Cigarette smoking, alcohol use, marijuana use among middle and high school students • Prescription opioid overdose mortality <p>7 worsened:</p> <ul style="list-style-type: none"> • E-cigarette use among middle and high-school students • Neonatal Abstinence Syndrome (NAS) • Adults who drink excessively • Heroin overdose • Prescription opioid overdose • Heroin/Fentanyl overdose mortality <p>2 not assessed</p>	<p>Better than national, state, and region on 9 indicators (cigarettes, e-cigarettes, marijuana, alcohol among students, NAS rate, adults smoking, heroin mortality, opioid overdose)</p> <p>Worse than region, state, and top performing counties on 3 indicators (excessive drinking, alcohol driving deaths, opioid overdose rate)</p> <p>4 not assessed</p>	<ul style="list-style-type: none"> • Cigarette smoking, grade 10-12 • E-cigarette use, grade 10-12 • Alcohol use, grade 10-12 • Marijuana use, grade 10-12 • Cigarette smoking, grade 8 • Marijuana use, grade 8 • Alcohol use, grade 8 • E-cigarette use, grade 8 • Neonatal Abstinence Syndrome (NAS) rate • Adult smoking • Adults who drink excessively • Driving deaths due to alcohol • ED rate - heroin OD • ED rate - Rx Opioid OD • Mortality rate - heroin/fentanyl OD • Mortality rate - Rx Opioid OD

Appendix F. Community Health Assessment (CHA) Health Issues Methodology

The following PowerPoint presentation was developed by the Alexandria Health Department Population Health team for the CHA Steering Committee. It provides an explanation and examples of how we identified themes within each of the three CHA assessments, and how these themes were compiled to identify the top health issues discussed in the CHA report.

For questions related to these methods, please contact alex_epi@vdh.virginia.gov



To understand what our top health issues are, we use **three main assessments**:

1. Community Health Status (CHSA)

Overview of quantitative data

2. Community Themes and Strengths (CTSA)

Qualitative survey of community

3. Forces of Change (FOCA)

Steering Committee assessment of threats and opportunities

- The three main assessments help us **identify themes**.
- Where the same **themes are repeated**, we consider these our **top issues**.
 - To “score” assessments, we developed an “**Assessment Scoring Matrix**” to identify repeated themes across assessments...

Assessment Scoring Matrix

Health Issue Category	CHSA Theme?	CTSA Theme?	FOCA Theme?
Chronic conditions			
Economic stability			
Education			
Health related quality of life and well-being			
Health system and healthcare access			
Immunizations and infectious disease			
Injury and violence			
Maternal, infant, and child health			
Mental health			
Neighborhood and built environment			
Obesity, nutrition, and physical activity			
Oral health			
Sexual and reproductive health			
Tobacco and substance use			

Identifying Themes in Community Health Status Assessment (CHSA):

- Themes in CHSA were categories where more indicators had large disparities (>100% difference) for any subpopulation (race, age, gender, etc.)

CHSA data scoring matrix (alphabetical) – Disparities, Progress, Benchmarks

Indicator Category	Dispar.	Progress	Bench- marks
Chronic health conditions (stroke, heart disease, diabetes, Alzheimer's/dementia, arthritis, cancer)	✖	✔	✔
Economic stability (income inequality, poverty, unemployment)	✖	✖	✖
Health system and healthcare access (insurance coverage, unnecessary hospitalization, healthcare disparities)	✖	⚡	✖
Injury and violence (accidental injury, motor vehicle collision, assault)	✖	✖	✔
Mental health (mental distress, suicide, depression)	✖	✖	✔
Oral health (tooth loss, received dental services)	⊗	⚡	✖
Sexual and reproductive health (adolescent sexual health and pregnancy, HIV and STI incidence and prevalence)	✖	⚡	✖
Tobacco and substance use and abuse (tobacco and e-cigarette use, alcohol and drug use)	✖	⚡	✔
Educational opportunities (school climate, suspensions, graduation rates, advanced academics, college attainment)	⚡	✔	⚡
Health related quality of life and well-being (life expectancy, years of life lost due to illness, quality of life rankings)	⚡	✖	⚡
Immunizations and infectious disease (infectious disease incidence, immunization rates)	⚡	⚡	✖
Maternal, infant and child health (infant mortality, maternal mortality, birth rate among adolescents, prenatal care)	⚡	✔	✖
Neighborhood and built environment (residential segregation, housing costs, food environment, commuting, green space)	⚡	⚡	✖
Obesity, nutrition, and physical activity (Overweight or obesity, food insecurity, levels of physical activity)	⚡	✖	⚡

✖ or ⊗ = more indicators have disparity >100% (for any, race, ethnicity, gender, age, etc.)

Any category above this red line is a theme for this assessment.

Assessment Scoring Matrix

Health Issue Category	CHSA	CTSA	FOCA
	Theme?	Theme?	Theme?
Chronic conditions	Y		
Economic stability	Y		
Education	N		
Health related quality of life and well-being	N		
Health system and healthcare access	Y		
Immunizations and infectious disease	N		
Injury and violence	Y		
Maternal, infant, and child health	N		
Mental health	Y		
Neighborhood and built environment	N		
Obesity, nutrition, and physical activity	N		
Oral health	Y		
Sexual and reproductive health	Y		
Tobacco and substance use	Y		

Identifying Themes in Community Themes and Strengths Assessment (CTSA)

Regional methodology established that anything that ranked in the top 5 overall responses to these questions was considered a theme:

- What are top health issues facing your community?
- What would most improve quality of life in our community?

What are top health issues facing your community?

RANK	RESPONSES OVERALL	# OF RESPONSES
1	Mental health problems (depression, anxiety, stress, suicide)	629
2	Alcohol, drug, and/or opiate abuse	472
3	Differences in health outcomes for different groups of people	439
4	Violence and abuse	361
5	Obesity	344
6	Aging-related health concerns	335
7	Preventable injuries (car or bicycle crashes, falls)	316
8	Dental problems	280
9	Other chronic health conditions (asthma, diabetes, stroke)	269
10	Maternal, infant and child health	247
11	Teen pregnancy	213
12	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	208
13	Other illnesses that spread from person to person (flu, TB)	107
14	Sexually transmitted diseases	106
15	Food safety	104
16	Intellectual disabilities (autism, developmental disabilities)	92
17	Vaccine preventable diseases (whooping cough, measles, tetanus)	87
18	Illnesses spread by insects and/or animals (Lyme disease, Zika, Rabies)	74
19	HIV	70
20	Physical disabilities	59
21	Sensory disabilities (hearing, vision)	42

What would most improve quality of life in our community?

RANK	RESPONSE	# OF RESPONSES
1	Housing that is affordable	870
2	Access to health care	465
3	Educational opportunities (schools, libraries, universities)	341
4	Welcoming of diversity (social, cultural, faith, economic)	333
5	Access to healthy food (fresh fruits and vegetables)	314
6	Services that support basic needs (food, clothing, TANF)	309
7	Mental health and substance abuse services	285
8	Jobs and a healthier economy	257
9	Working to end homelessness	248
10	Opportunities to be involved in the community	222
11	Clean and healthy environment	204
12	Transportation options	190
13	A walk-able, bike-able community	187
14	Public safety and health (law enforcement, fire, EMS and public health)	148
15	Access to parks and recreation	110
16	Arts and cultural events	67

Disparities in CTSA

- Analysis of CTSA responses found that there were some **differences in responses between different groups.**
- Following **the CHA Steering Committee’s lead we developed regional methodology** to include themes that may not have been reflected in overall results.
 - Disparities were defined by any **sizeable difference** between responses for specific demographic when compared with the overall responses.
 - **Sizeable difference** = response moved into the top 5 **AND** the difference in rank from overall is greater than 3.
 - **For example...**

Example: “What are top health issues facing your community?”

These are the responses overall with the top 5 highlighted in blue.

RANK	RESPONSES OVERALL	# OF RESPONSES
1	Mental health problems (depression, anxiety, stress, suicide)	629
2	Alcohol, drug, and/or opiate abuse	472
3	Differences in health outcomes for different groups of people	439
4	Violence and abuse	361
5	Obesity	344
6	Aging-related health concerns	335
7	Preventable injuries (car or bicycle crashes, falls)	316
8	Dental problems	280
9	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	269
10	Maternal, infant and child health	247

Example:

These are the responses overall with the top 5 highlighted in blue.

RANK	RESPONSES OVERALL	# OF RESPONSES
1	Mental health problems (depression, anxiety, stress, suicide)	629
2	Alcohol, drug, and/or opiate abuse	472
3	Differences in health outcomes for different groups of people	439
4	Violence and abuse	361
5	Obesity	344
6	Aging-related health concerns	335
7	Preventable injuries (car or bicycle crashes, falls)	316
8	Dental problems	280
9	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	269
10	Maternal, infant and child health	247

“Dental problems” (highlighted) is ranked 8 and is NOT considered a theme when looking at results overall.

“Aging-related health concerns” (red text) is ranked 6 and is NOT considered a theme when looking at the results overall.

Example:

These are the responses for respondents with less than \$50,000/year household income.

RANK	RESPONSES AMONG THOSE WITH LOW INCOMES (<\$50,000)	# OF RESPONSES
1	Dental problems	156
2	Mental health problems (depression, anxiety, stress, suicide)	147
3	Alcohol, drug, and/or opiate abuse	143
4	Violence and abuse	141
5	Aging-related health concerns	111
6	Teen pregnancy	104
7	Maternal, infant and child health	100
8	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	94
9	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	92
10	Obesity	84

“Dental problems” moved by 7 ranks compared with overall result and is within the top 5 responses. Meets criteria to be considered a theme among low-income respondents.

“Aging-related health concerns” is within the top 5 response, but only moved by 1 rank when compared with overall results. Does NOT meet criteria to be considered a theme for among low-income respondents. HOWEVER...

Example:

These are the responses for respondents age 65+

RANK	RESPONSES AMONG THOSE AGE 65+	# OF RESPONSES
1	Aging-related health concerns	111
2	Mental health problems (depression, anxiety, stress, suicide)	90
3	Differences in health outcomes for different groups of people	88
4	Alcohol, drug, and/or opiate abuse	70
5	Obesity	63
6	Violence and abuse	59
7	Dental problems	57
8	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	57
9	Preventable injuries (car or bicycle crashes, falls)	40
10	Maternal, infant and child health	35

“Aging-related health concerns” is within the top 5 response, and compared with the overall result moved 4 ranks. Meets criteria to be considered a theme among older respondents.

Disparities in CTSA

We compared results across 8 demographic breakdowns:

- Low income Respondents (Household Income <\$50,000/year)
- Respondents with Less than a High School Diploma or GED (25+ years of age)
- Younger Respondents (<25 years of age)
- Older Respondents (>65 years of age)
- Spanish Speaking Respondents (Survey Language in Spanish)
- Amharic, Arabic, and Farsi Speaking Respondents (Survey Language in Amharic, Arabic, or Farsi)
- Respondents of Color (All respondents except white, non-Hispanic or without race/ethnicity info)
- Respondents of Hispanic or Latino Ethnicity (Hispanic or Latino ethnicity regardless of race)
- Female Respondents

Disparities in CTSA

Four additional categories were identified as themes in the CTSA as a result:

- “Dental problems” included in **Oral health**
- “Aging related health issues” included in **Chronic conditions**
- “Other illnesses that spread person to person” included in **Immunization and infectious disease**
- “Teen pregnancy” included in **Sexual and reproductive health**
- “Maternal, infant and child health” included in **Maternal, Infant, and Child Health**

Assessment Scoring Matrix



Health Issue Category	CHSA Theme?	CTSA Theme?	FOCA Theme?
Chronic conditions	Y	Y	
Economic stability	Y	Y	
Education	N	Y	
Health related quality of life and well-being	N	N	
Health system and healthcare access	Y	Y	
Immunizations and infectious disease	N	Y	
Injury and violence	Y	Y	
Maternal, infant, and child health	N	Y	
Mental health	Y	Y	
Neighborhood and built environment	N	Y	
Obesity, nutrition, and physical activity	N	Y	
Oral health	Y	Y	
Sexual and reproductive health	Y	Y	
Tobacco and substance use	Y	Y	

Identifying Themes in FOCA

Any event/factor/trend discussed by the CHA Steering Committee during the Forces of Change session is considered a theme.

Assessment Scoring Matrix



Health Issue Category	CHSA Theme?	CTSA Theme?	FOCA Theme?
Chronic conditions	Y	Y	Y
Economic stability	Y	Y	Y
Education	N	Y	N
Health related quality of life and well-being	N	N	N
Health system and healthcare access	Y	Y	Y
Immunizations and infectious disease	N	Y	N
Injury and violence	Y	Y	N
Maternal, infant, and child health	N	Y	N
Mental health	Y	Y	Y
Neighborhood and built environment	N	Y	Y
Obesity, nutrition, and physical activity	N	Y	Y
Oral health	Y	Y	N
Sexual and reproductive health	Y	Y	N
Tobacco and substance use	Y	Y	N

Putting it all together to identify Top Health Issues...

Health topics that were themes in a majority of CHA assessments are considered our top health issues:

→ Indicated by *at least two **Y's** in Assessment Scoring Matrix...*

Assessment Scoring Matrix

Health Issue Category	CHSA Theme?	CTSA Theme?	FOCA Theme?
Chronic conditions	Y	Y	Y
Economic stability	Y	Y	Y
Education	N	Y	N
Health related quality of life and well-being	N	N	N
Health system and healthcare access	Y	Y	Y
Immunizations and infectious disease	N	Y	N
Injury and violence	Y	Y	N
Maternal, infant, and child health	N	Y	N
Mental health	Y	Y	Y
Neighborhood and built environment	N	Y	Y
Obesity, nutrition, and physical activity	N	Y	Y
Oral health	Y	Y	N
Sexual and reproductive health	Y	Y	N
Tobacco and substance use	Y	Y	N

Top Health Issues:

Health Issue Category		CHSA Theme?	CTSA Theme?	FOCA Theme?
1	Chronic conditions	Y	Y	Y
2	Economic stability	Y	Y	Y
3	Health system and healthcare access	Y	Y	Y
4	Injury and violence	Y	Y	N
5	Mental health	Y	Y	Y
6	Neighborhood and built environment	N	Y	Y
7	Obesity, nutrition, and physical activity	N	Y	Y
8	Oral health	Y	Y	N
9	Sexual and reproductive health	Y	Y	N
10	Tobacco and substance use	Y	Y	N

